

Purchase Date: ____ / ____ / ____

Purchase Amount: \$ _____

Card Holder Name



*Thank You
for your purchase*

*A charge from Stonecroft Ministries for
the above amount will appear on
your credit or debit account.*

If you have any questions about this
transaction, please call Brenda
Monroe at Stonecroft at 800.525.8627

P.O. Box 8900, Kansas City, MO 64114
800.525.8627 | stonecroft.org

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