

**LIFESTEWARD MINISTRIES**  
**BANQUET INFORMATION FORM**  
**CUSTOM PRINT MATERIALS**

**INSTRUCTIONS**

1. Complete this form in its entirety and send **with your order form.** We will then process your order and an email confirmation will be sent.
2. Type or print clearly in **black ink.**
3. Proofs will be transmitted to you via email. Make sure to include your email address and any special instructions you'd like us to know.
4. Please review your material **carefully** through the entire proofing process. Preview the **entire** proof each time *before* signing off. This will ensure that all corrections have been made and no shifting of text has occurred after multiple proofs.
5. Remember, we cannot begin printing until we receive your signed, final proof. It is very important to respond to proofs quickly, being very thorough in **checking dates, times, spelling, punctuation, etc.**

**The following information will allow us to complete the proofing process in a timely manner.  
Please complete all items *and* return with your order form.**

Ministry's Name: \_\_\_\_\_

Ministry's Office Hours:    Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_

   Thursday\_\_\_\_\_ Friday\_\_\_\_\_ Saturday\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Contact's Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact's Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Contact's Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact's Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

THANK YOU for your partnership! LifeSteward Ministries has done over **1200 on-site trainings**, helping centers grow to the next level, with **leadership training** as well as, raising over **27 million dollars** through event trainings.

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INVITATION

A. Your organization's **name** as it should appear on the banquet invitation:

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B. Your banquet **theme**: \_\_\_\_\_

C. Your banquet **speaker**: \_\_\_\_\_

D. Your banquet **date**: \_\_\_\_\_

E. Your banquet **time**: \_\_\_\_\_

F. Your banquet **location/address**:

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G. Type of **attire** (ex. semi-formal, Sunday attire, etc.) \_\_\_\_\_

H. **RSVP** before: \_\_\_\_\_

I. **RSVP** cards to be returned to the following **address**:

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**(\*\*Note: Information needed for RSVP & Confirmation Cards are taken from information provided elsewhere in this document.)**

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PROGRAM  
(front & back)

**1. Program Front Page**

A. Your banquet **theme** as it should appear on the program's front:

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B. The words **Fundraising Banquet** will be printed near the bottom of the front page with the date of your banquet directly below. *If* you do not want to call the event a fundraising banquet, please indicate below:

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C. The **date** of your banquet: \_\_\_\_\_

**2. Program Back Page**

A. **Board of Directors:** Write first & last name and title

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

B. **Staff:** Write first & last name and title

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

PROGRAM  
(front & back-continued)

C. **Acknowledgements:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

D. **Benefactors or Underwriters:** Write first & last names or the company name, if applicable.

(Recommendation: if you choose to include this section it does not need to be complete before submitting this form. \*Many centers choose to write a general statement of thanks and publicize the underwriters separately. This allows your print job to go to press, saving costs, and avoiding the risk of possibly offending a late underwriter.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

E. **Brief** two or three sentence "thank you".

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F. Your ministry's **Address** will appear at the bottom of the back cover page. Include city, state, and zip code.

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G. Your ministry's **Phone Number** will appear below your ministry's address. Include your area code.

(         ) \_\_\_\_\_

PROGRAM  
(inside)

**1. Program Page**

A. *Welcome-Master of Ceremonies*

• Name: \_\_\_\_\_ Title: \_\_\_\_\_

B. *Introductions*

• Name: \_\_\_\_\_ Title: \_\_\_\_\_

C. *Invocation*

• Name: \_\_\_\_\_ Title: \_\_\_\_\_

D. *Dinner*

E. *Special Music*

• Name: \_\_\_\_\_ Title: \_\_\_\_\_

F. *Ministry Update*

• Name: \_\_\_\_\_ Title: \_\_\_\_\_

G. *Client Testimonies*

H. *Guest Speaker*

• Name: \_\_\_\_\_ Title: \_\_\_\_\_

Write a brief statement (2-3 sentences) about the guest speaker.

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I. *Pledge Challenge*

• Name: \_\_\_\_\_ Title: \_\_\_\_\_

J. *Special Music*

• Name: \_\_\_\_\_ Title: \_\_\_\_\_

K. *Benediction*

• Name: \_\_\_\_\_ Title: \_\_\_\_\_

PROGRAM  
(inside-continued)

L. This section will be titled, **“Why We Are Here”**. Please provide 3-4 sentences indicating the basic purpose and focus of your ministry.

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M. This section will be titled, **“The many free services we provide to our clients;”**. List your services below:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

N. This section will be titled, **“(Year) Eternal Statistics”**. Provide your statistics for the categories below. (This will be your previous year’s stats.) **YEAR:** \_\_\_\_\_

- **Total Client Visits:** \_\_\_\_\_
- **Gospel Presentations:** \_\_\_\_\_
- **Professions of Faith:** \_\_\_\_\_
- **Known Live Births:** \_\_\_\_\_

(You may edit these choices and/or add others. Add below; use separate sheet, if needed.)

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PROGRAM  
(inside-continued)

O. This section will be titled, "**Volunteers**". Provide your volunteer information below.

- **Board & Directors:** \_\_\_\_\_
- **Counselors:** \_\_\_\_\_
- **Receptionists:** \_\_\_\_\_
- **Helpline:** \_\_\_\_\_
- **Support Staff:** \_\_\_\_\_
- **TOTAL:** \_\_\_\_\_

(You may edit these choices and/or add others. Add below; use separate sheet, if needed.)

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P. Write a sentence acknowledging the faithfulness of volunteers and supporting churches.

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Q. This section is titled, "**Ministry Goals**". Provide two or three reasons why you need to raise funds (be specific).

- \_\_\_\_\_
- \_\_\_\_\_

R. This section is titled "**Financial Goals**". Provide your actual financial information and your proposed annual financial information.

	(actual)	(proposed)
	YEAR: _____	YEAR: _____
• <b>Salaries &amp; Benefits</b>	_____	_____
• <b>Center Operations</b>	_____	_____
• <b>Client Services &amp; Programs</b>	_____	_____
• <b>Development</b>	_____	_____
• <b>Training</b>	_____	_____
• <b>Other</b>	_____	_____
• <b>TOTAL</b>	_____	_____

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RESPONSE FORM  
(front & back)

**1. Pledge Form Front**

A. Please indicate changes below, if needed, by marking the suggestions.

- My gift tonight is   \$200   \$300   \$500   \$1000   Other\_\_\_\_\_
- I would like to make a one-time pledge of \$\_\_\_\_\_ to be given within the next 90 days.
- I would like to make a monthly renewal or new pledge for (year) of:
  - \$300 per month (\$3600 per year total)
  - \$200 per month (\$2400 per year total)     **See back of card for payment options.**
  - \$100 per month (\$1200 per year total)     (\*note: This statement will only be added if
  - \$75 per month (\$900 per year total)                     you are completing the back side.)
  - \$50 per month (\$600 per year total)
  - \$25 per month (\$300 per year total)
  - Other \$ \_\_\_\_\_

I am considering a gift other than those suggested. Please contact me.

Please contact me about becoming a volunteer.

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE # :** \_\_\_\_\_ **CHURCH:** \_\_\_\_\_

**(\*\*We will put your center's name, address, and phone number at the bottom of this form.)**

**RESPONSE FORM**  
(front & back, continued)

**2. Pledge Form Back**

B. CHOOSE ONE OF THE FOLLOWING OPTIONS: Please indicate changes below, if needed, by marking the suggestions.

**OPTION 1**

I would like to make a donation using my credit card.

VISA    MasterCard    Discover    American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like my monthly donation by electronic transfer.

I want the transfer on the  3rd    18th of the month in the amount of \$

This authorization will be the same as if I had personally signed a check and will remain in effect until I notify the Center that I wish to change or terminate it. I have provided the necessary banking information to begin the transfer program by enclosing:

this month's donation check -or-  voided blank check

\_\_\_\_\_  
Authorized signature to process debit entries to my account.

\_\_\_\_\_  
Date

**OR**

**OPTION 2** (\*will only include comments)

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_