(Please be sure to print your name clearly. Thank you)

Name:		
Address:		
Phone Number:		
Email:		
Credit Card:	q	MasterCard
	q	VISA
Credit Card Number:		
Expiry Date:		
Donation Amount:	\$	
Frequency:	q	One Time Donation
	q	Monthly Donation
Direction of Funds:	q	Where Most Needed
	q	Other:
		(Please specify mission)
Signature:		
Today's Date:		

There will be a 1.7 - 1.9% charge taken off the amount by the credit card company. For amounts less then \$75.00, this method is more cost effective than mailing in donations. Please deposit completed form into your local church donation/collection box.

Each contribution will be used as designated. If the need for the program has been met, the remaining contributions will be used where needed most