



## Friends of the Great Commission Foundation

### DONATION FORM

PO Box 6305 Colorado Springs, CO 80934  
Phone: 1-855-573-8483 Fax: 855-829-5414

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

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☐ **By Credit Card** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name as on Card: \_\_\_\_\_

Card Type: ☐ Personal ☐ Corporate

Name of Company if Corporate Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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☐ **By Pre-Authorized Debit:**

For all pre-authorized debit contributions

**A VOID CHECK MUST BE ATTACHED.**

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Donation Amount: \$ \_\_\_\_\_

Frequency: ☐ Monthly ☐ One-Time Gift

Donation Timing: ☐ 1<sup>st</sup> of Month ☐ 15<sup>th</sup> of Month Month to start: \_\_\_\_\_

Missionary or Project Designation: \_\_\_\_\_

I authorize the above donation to the Friends of the Great Commission as specified above. I understand that I may revoke this authorization at any time, subject to providing 30 days' notice in writing or by phone. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement.

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