



Pledge to Give or Donation Authorization Form for Banking or Credit/Debit Card Transaction(s)

MAIL TO:

First Stone Ministries
1330 N Classen Blvd Ste G80
Oklahoma City, OK 73106-6856

FAX TO:

405-236-4672

CALL / EMAIL:

405-236-4673
donations@firststone.org

This form will authorize **First Stone Ministries (FSM)**, to initiate donations (or corrections in event of errors) to the payment method listed below. This authorization is to remain in force until FSM has received a written notice of its termination in such time and in such manner as to afford FSM a reasonable opportunity to act on it. This authorization also serves as your pledge to the accounts or missionaries as you've designated. Because your giving is between you and God, you may make changes to your commitment at any time.

This will authorize the banking or credit/debit card company indicated below to debit and/or credit the listed account. FSM reserves the right to revoke this authorization in the event of a dispute to the charge without prior notification; account closed without prior notification and/or two or more declined transactions in one year.

<i>\$10 Minimum</i>	General Account	Support Farrington	Support Stanlake	Support Thiessen	
Donation Amount					

Special Donation Amount \$ _____ **& Memo:** _____

Giving Frequency:

- Once Weekly Twice/Month Monthly Quarterly Annually

Donation / Pledge TOTAL: \$ _____

Start Date: MM/DD/YYYY _____

DONOR INFORMATION

Donor Name:
Address:
City:
State: ZIP:
Daytime Phone #:
Email Address:
Today's Date:
Authorized Signature:
<input type="checkbox"/> Pledging Only – please contact me (no need to fill out banking information)
FSM Newsletter
<input type="checkbox"/> Please add me to your mailing list! (US addresses only)
<input type="checkbox"/> Please add me to your email list!

BANKING INFORMATION

<input type="checkbox"/> Same as Donor Address (skip to Credit Card #)
Giving by Credit/Debit Card
Cardholder Name (as it appears on card):
Cardholder Address:
City:
State: ZIP:
Credit Card #:
Expiration Month: Year:
Security Code (on back by signature):
Giving by Checking/Savings Account *
Bank Name:
9-Digit Routing #: :
Account #:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings

* Please attach a voided check or savings deposit slip.