



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: _____

EmailAddress: _____

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: _____

By Pre-Authorized Debit:

For all pre-authorized debit contributions

A VOID CHECK MUST BE ATTACHED.

Donation Amount: \$ _____

Frequency: Monthly One-Time Gift

Donation Timing: 1st of Month 15th 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: _____