



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

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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: \_\_\_\_\_