



One Time Donation:     Recurring Donation:   
 Change Existing Donation:  Yes     No     STOP

**Supporting Missionaries and Missions**

Foundation for Missions is a 501 (c) (3) non-profit organization. A convenient way to support The Foundation is through an automated giving option. Your donation will be transferred from your bank account or credit card each month. Thank you for your partnership. It takes all of us and ... it's working!

**APPLICATION FOR AUTOMATIC OR CREDIT CARD DONATIONS**

Signature	Printed Name on Bank Account or Credit Card	Date Signed
Address	City/State	Zip
Phone	Email Address	
<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card		<b>Date of Donation:</b> <input type="checkbox"/> 1st <input type="checkbox"/> 15th <input type="checkbox"/> 20 <sup>th</sup>
<b>Donation Amount:</b> \$ _____		<b>Date to Begin Donations:</b> ____ / ____ / ____

<b>AUTHORIZATION FOR MONTHLY DIRECT PAYMENT TO FOUNDATION FOR MISSIONS FROM BANK ACCOUNT</b>	
Please attach a voided check or financial institution account verification letter to this form.	
I (we) hereby authorize The Foundation to initiate debit entries to my (our) account and financial institution listed below:	
Financial Institution	Branch
Routing#	Account Number

<b>AUTHORIZATION FOR MONTHLY DIRECT PAYMENT TO FOUNDATION FOR MISSIONS FROM CREDIT CARD (VISA/MASTERCARD ONLY)</b>		
Credit Card #	Expiration Date	CSC#

**Please apply my donation as follows:**

Where most needed	\$ _____		_____
Missionary Support	\$ _____	<i>for</i>	_____
Penny A Meal Deal	\$ _____	<i>for</i>	_____
Pastor Sponsorship	\$ _____	<i>for</i>	_____
Child Sponsorship	\$ _____	<i>for</i>	_____
Short Term Mission Trips	\$ _____	<i>in</i>	_____
Shack Attack	\$ _____	<i>in</i>	<input type="checkbox"/> Guatemala <input type="checkbox"/> Haiti <input type="checkbox"/> Other _____
Community Development	\$ _____	<i>in</i>	_____
Christian Schools	\$ _____	<i>in</i>	_____
Other (please specify)	\$ _____	<i>for</i>	_____

Additional Comments:
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I (we) understand that should the regularly scheduled charge date fall on a weekend or Federal holiday, the charge shall occur on the following banking date. This authority shall remain in effect until The Foundation has received written notification from me (us) of its termination in such a time and in such a manner as to afford The Foundation a reasonable opportunity to act on it.