



Friends of The Great Commission Donation Form

PO Box 8000 PMB 215, Sumas, Washington, 98295-8000
Phone: 1-855-488-7020 Fax: 855-829-5414

Name: _____
First Name Middle Initial Last Name

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home: _____ Mobile: _____ Work: _____

Email Address: _____

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 CHEQUE 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 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: _____

FOR OFFICE USE ONLY

Date received at FGC: _____ 1st month Processed: _____

Received via: Email Fax USPS Interoffice mail