



FRIENDS OF  
**THE GREAT  
COMMISSION**  
FOUNDATION

## Friends of The Great Commission

### Donation Form

PO Box 8000 PMB 215, Sumas, WA 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: ☐ 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 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: \_\_\_\_\_ 1<sup>st</sup> month Processed: \_\_\_\_\_

Received via: ☐ Email ☐ Fax ☐ USPS ☐ Interoffice mail