



DONATION FORM

Your Donation Large or Small WILL Make a Difference!

YOUR INFORMATION:		
Name		
Address		
City, State, Zip Code		
Country		
Telephone:		
Email Address:		
I would like to receive (check one or both):	<input type="radio"/> Email newsletters	<input type="radio"/> Postal mailings
MONTHLY COMMITMENT	ONE TIME DONATION	
<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50
<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500
<input type="checkbox"/> \$1000	<input type="checkbox"/> \$_____ (Other)	<input type="checkbox"/> \$_____ (Other)
Please designate my donation to the following area:		
<input type="radio"/> GENERAL - where needed most. <input type="radio"/> Anti-Human Trafficking Work <input type="radio"/> Living Pearl Children's Home Ukraine	<input type="radio"/> Philippines Base Support <input type="radio"/> Christmas Outreaches	<input type="radio"/> Missions Support: <input type="radio"/> Other:
PAYMENT DETAILS		
OPTION #1: CHECK	<input type="radio"/> My check is enclosed (mail with this form to address below) -or- <input type="radio"/> Debit my checking or savings account electronically (Please fax your voided check along with this form to 1-866-424-5622)	
MONTHLY SPONSORS ONLY:	<input type="radio"/> I will mail you a check each month -or- <input type="radio"/> Automatically debit my checking or savings account electronically each month beginning on: (date) ____/____/____ (mm/dd/yy) (Please fax or mail your voided check with this form)	
OPTION #2: CREDIT OR DEBIT CARD	Credit Card Number:	
	Expiration Date:	CID:
	Signature:	
MONTHLY SPONSORS ONLY:	Automatically process my debit or credit card each month beginning on: (date): ____/____/____ (mm/dd/yy)	

Please MAIL this form to:
Global Impact
PO Box 5682
Rockford, IL 61125 USA

Please FAX this form to:
1-866-424-5622
 Please EMAIL this form to:
global@myglobal.org