



**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 Email: info@friendsgc.org

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