

CREDIT/DEBIT CARD



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Authorization Form Instructions

1. Complete the authorization form by indicating the amount and designation for your monthly contribution.
2. Mail the completed form to:

Missions Door

2530 Washington Street
Denver, Colorado 80205-3142

Missions Door will deduct the card processing fees charged by our financial institution from the missionary or project that receives this donation. If you would like to maximize the impact of your donation, please consider giving by direct debit (EFT). For further information, please feel free to contact us at Finance@MissionsDoor.org.

You can also donate securely online at MissionsDoor.org/Donate.

I/we authorize Missions Door to arrange automatic charges to my/our credit/debit card. Please apply the contribution as follows:

Amount per Month	Missionary/Project Name (s)
\$ _____	_____
\$ _____	_____
\$ _____	_____

(If more space is needed, please attach complete list.)

Total Donation Amount: \$ _____ per month

Donation Start Date: _____ (month)

Please withdraw the funds on the 15th 30th of the month.

Card Type

Visa MasterCard Discover American Express

CARD NUMBER

EXPIRATION DATE

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

Yes, I/we wish to receive news and information about Missions Door by email.

I/we wish to receive receipts by email rather than direct mail.

Please sign below as required by your credit card.

SIGNATURE

DATE



> Phone 303.308.1818
> Fax 303.295.9090
> Finance@MissionsDoor.org
MissionsDoor.org