CREDIT/DEBIT CARD

ONE-TIME SPECIAL GIFT

Authorization Form Instructions

1. Complete the authorization form by indicating the amount and designation for your contribution.

2. Email the completed form to:
   finance@missionsdoor.org

   or

   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.

I/we authorize Missions Door to make a one-time charge to my/our credit/debit card. Please apply the contribution as follows:

Amount	**Missionary/Project Name(s)**
$ _____	_____
$ _____	_____
$ _____	_____

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

Total Donation Amount: $_____

Card Information

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

CARD NUMBER

EXPIRATION DATE

NAME (AS IT APPEARS ON CARD)

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.

☐ I/we wish to receive year-end statements only instead of individual receipts.

SIGNATURE DATE

Revised 08/19

Missions Door®

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