

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

750 W Hampden Ave Ste 518  
Englewood, Colorado 80110-2198

*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.



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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE