

DONATION FORM

Your Donation Large or Small WILL Make a Difference! All Donations Are Tax Deductible.

YOUR INFORMATION	
Name	
Address	
City, State, Zip Code	
Country	
Telephone:	
Email Address:	
I would like to receive <i>(check one or both):</i>	<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"/> \$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)
Please designate my donation to the following area: DESIGNATION	
<input type="radio"/> GENERAL - Use where it is most needed. <input type="radio"/> Flourish SAFE homes	<input type="radio"/> Education Sponsorship <input type="radio"/> Boys Discipleship Home <input type="radio"/> High Impact Training Schools
	<input type="radio"/> SHINE Girl program <input type="radio"/> Micro-Enterprise Projects <input type="radio"/> Philippines Base Support
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 <i>(Please fax your voided check along with this form to 1-866-424-5622)</i>
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) <i>(Please fax or mail your voided check with this form)</i>
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 on: (choose one) <input type="radio"/> 1 st of the month <input type="radio"/> 15 th of the month <input type="radio"/> 30 th of the 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