



Donor Information (please print or type)

Name _____

Billing address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Email _____

Donation Information

I pledge a total of \$_____ to be paid: monthly quarterly

I plan to make this contribution in the form of: cash check credit card other

Credit card type | Exp. date _____

Credit card number | 3 Digit CVS Code _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

Reminder Preferences

- I wish to receive email reminders.
- I wish to receive a letter in the mail with a remit envelope.
- I wish to receive a stack of remit envelopes for 12 months.
- I do not need reminders.

Receipt Preferences

- I wish to receive my receipts in the mail.
- I wish to receive my receipts via email.
- I do not wish to receive an emailed or mailed receipt.
- I wish to receive a year-end contribution statement.

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

- I wish to have my gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Wichita Falls Faith Mission
PO Box 965
Wichita Falls, TX 76307