



— WICHITA FALLS —  
**FAITH MISSION**  
 EVERY STORY MATTERS

FRIENDS OF FAITH

**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