

# Application for Automatic Credit Card Donation

Donor's Name (exactly as it appears on credit card) \_\_\_\_\_

Billing Address: \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## Credit Card Information:

Credit Card Type: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Donation Amount: \$ \_\_\_\_\_ Date to Begin Monthly Donations \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Each Month to Charge Donation to Credit Card: \_\_\_\_ 5<sup>th</sup> \_\_\_\_ 10<sup>th</sup> \_\_\_\_ 25<sup>th</sup>

## Cardholder Authorization:

I hereby authorize the use of the credit card, as information listed above, to be used for a donation to Missionary Ventures International, Inc.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Name (please print)

### Please apply my donation as follows:

- Where Most Needed \$ \_\_\_\_\_
- Pastor Sponsorship \$ \_\_\_\_\_
- Children's Ministries \$ \_\_\_\_\_
- Medical Missions \$ \_\_\_\_\_
- Missionary Support \$ \_\_\_\_\_ for Robert & Lorita Melton \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Other (please specify) \$ \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_

**Missionary Ventures International, Inc.**  
**PO Box 593550 Orlando, FL 32859-3550 Phone (407) 859-7322 Fax (407) 856-7934**