



The Gideons International

A CHRISTIAN BUSINESS AND PROFESSIONAL MEN'S ASSOCIATION

ONE-TIME DONATION FORM

Thank you for your desire to contribute to the ministry of The Gideons International. Please complete this form and **mail it to the address provided below**. If you have any questions, please do not hesitate to call our Accounting Department at 615-564-5000.

DONOR INFORMATION

NAME		
ADDRESS		
CITY	STATE	ZIP
DAYTIME PHONE	E-MAIL	

AMOUNT OF DONATION

\$ _____

PAYMENT OPTIONS

CHECK

Please enclose this form with your check and mail it to the address below.

CREDIT CARD

NAME ON CARD	
TYPE OF ACCOUNT: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	
CARD NUMBER	EXPIRATION DATE

I hereby authorize The Gideons International to withdrawal funds from my credit card for donations.

SIGNATURE	DATE