



Great Commission Global Ministries, Inc.

P.O. Box 780609, Orlando, FL 32878-0609 USA + Phone 321-251-7218 + Fax 301-576-3749
Email: donations@gcgm.org

Monthly Donation Authorization Form

Please print and complete the information below and mail, email or fax to Great Commission Global Ministries.

I, _____, authorize Great Commission Global Ministries, Inc. to initiate
(Contributor's Name)

electronic debit entries to my checking/savings/credit card account in the amount of _____ for
(Circle One) (Dollar Amount)

a donation on a monthly basis. I would like for it to start in the month of _____ and I request the
(Name of Month)

debit to occur on the 1st 15th.
(Check One)

Address _____
Number and Street City State Zip Code

Email _____ Phone Number _____

Checking/Savings Account Information

Financial Institution Name _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Credit Card Information

Type _____ Account # _____ Expiration Date ____/____ Code _____

I authorize Great Commission Global Ministries to debit my checking/savings/credit card account for the specified amount
(Circle one)

indicated in this agreement. If I decide to cancel, decrease or increase my donation, I will notify Great Commission Global Ministries in writing 15 days prior to the due date of the donation transaction.

SIGNATURE _____

DATE _____