

CREDIT CARD DONATIONS

Name: _____

Street Address: _____

City & Province: _____

Postal Code: _____

Phone #: _____

Email Address: _____

Date Received At TGCF: _____

Method Of Payment:

Visa Mastercard American Express

Amount: _____

Payment Frequency:

Monthly Annual One Time Gift

Credit Card #: _____

Expiry Date: _____

Missionary Or Project Designation: _____

Signature: _____ Date: _____