



DONATION PROGRAM

Thank you for supporting WIVH!
Your gift enables us to reach thousands of people in the US Virgin Islands and beyond with the voice of hope.

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____

I would like to make a monthly Recurring Gift on the: 5th of the month 20th of the month
Start Date: ____/____/____ (mm/dd/yyyy)

OR

I would like to make a One-Time Gift

.....

Donation Amount \$ _____ *All donations will be applied to the General Fund.*

Comments: _____

Enclosed is a voided check for my recurring donation. Please transfer my gift from my checking account.
***For One-Time Checking Account donations, please include a completed check with your donation form.*

OR

My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number _____ Expiration Date ____/____



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I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.wivh.org or by contacting WIVH by phone or mail. All donations provided to WIVH comply with U.S. Law.

Signature _____ Date _____
(Required)
