

E-GIVING FORM

Through your giving you are helping to care for orphans (James 1:27) and to encourage growth in the local church (Acts 2:47). Thank you!

If you have any questions regarding your donation, please contact us by email at ndm@ninosdemexico.org or by phone at 636.583.2000.



**PO Box 309
Union, MO 63084
636-583-2000
www.ninosdemexico.org**

Name(s) _____

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I'd like to make a ___ Monthly ___ Quarterly ___ Annual ___ One-time donation of \$_____.

Please process my donation on the ___ 1st of the month **OR** ___ 15th of the month

Please apply my donation to: ___ General ___ New Children ___ Church Planting ___ Education
___ HUGS Sponsorship ___ I Help ___ Internship ___ Living Link Missionary Support
___ Medical ___ STM Trip ___ 5K Reg. /Donation ___ #Giving Tuesday

I plan to make this donation in the form of _____ Checking Account **OR** _____ Credit Card

 Credit Card Number _____ Expiration Date ___ / ___

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my checking/credit card account. 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 any time through the online donation form at www.ninosdemexico.org or by contacting Niños de México by phone or mail. All donations provided to Niños de México originating as ACH transactions comply with U.S. Law.

Signature _____ **Date** _____
(Required)

KEEP THIS PORTION FOR YOUR RECORDS

For your convenience, record your donation \$_____ ___ Monthly ___ Quarterly ___ Annual ___ One-time

Processed on the: ___ 1st of the month **OR** ___ 15th of the month.

Applied to: ___ General Fund ___ New Children Fund ___ Church Planting ___ Education ___ HUGS Sponsorship
___ I Help ___ Internship ___ Living Link Missionary Support ___ Medical ___ STM Trip

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