

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.



Serving Christ near Mexico City since 1967.

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636-583-2000

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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: Year End Gift #GIVING TUESDAY CALENDAR GIFT
 HUGS Sponsorship General Education Church Planting
 Internship Medical New Children Fund Short Term Mission Trip
 5K Reg. /Donation

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

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