

# GIVING FORM



P.O. Box 7791 • Greensboro, NC 27407  
(336) 292-1255 • [www.ifmnews.com](http://www.ifmnews.com)

You can share in our commitment of sharing God's Word with the world. When you participate, your gift will be transferred conveniently from your checking account or credit card directly to Independent Faith Mission.

If you would like to help us offset processing fees associated with a credit card gift, please check the option provided below under the payment information section. Checking this option adds the processing fees to your total gift amount.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

*For office use only:*  
Donor (Person) # \_\_\_\_\_

\_\_\_\_\_ Register here to receive newsletters from your IFM missionaries.

I'd like to make a \_\_\_\_\_ Donation \_\_\_\_\_ Anonymous Donation \_\_\_\_\_ Memorial Gift \_\_\_\_\_ Honor Gift

In Memory/Honor of: \_\_\_\_\_

Please provide the name and address of the next of kin or person being honored. We would like to send an acknowledgement card.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

As a \_\_\_ One-Time \_\_\_ Monthly \_\_\_ Quarterly \_\_\_ Semi-Annual \_\_\_ Annual Gift

On the \_\_\_5<sup>th</sup> of the month OR \_\_\_20<sup>th</sup> of the month

When would you like to process your 1<sup>st</sup> gift? \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Please apply my gift to: \$ \_\_\_\_\_ Missionary (please specify) \_\_\_\_\_

\$ \_\_\_\_\_ Home Office \$ \_\_\_\_\_ Camp META \$ \_\_\_\_\_ Radio News Of Life (Congo)

\$ \_\_\_\_\_ Simon Waugh Fund \$ \_\_\_\_\_ Long - Standridge Scholarship \$ \_\_\_\_\_ Where Needed Most

\$ \_\_\_\_\_ Precious Children – Orphan (\$50 each – specify if known) \_\_\_\_\_

\$ \_\_\_\_\_ Precious Children Home – General Fund \$ \_\_\_\_\_ Peter Project

Total Gift Amount (required) \$ \_\_\_\_\_ (\$5.00 minimum)

\_\_\_\_\_ Enclosed is a voided check for my gift. Please transfer my gift from my checking account.

OR

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



Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

\_\_\_\_\_ YES! Please add 3% to my Credit Card gift to help offset the Processing Fees assessed to IFM.

<i>For Office Use only:</i>	\$ _____ Processing Fee Amount (3% for Credit Card gifts)
	\$ _____ Total Gift Amount (Amount specified above + Processing Fee Amount)

I understand my future gifts 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.ifmnews.com](http://www.ifmnews.com) or by contacting Independent Faith Mission by phone or mail. All gifts provided to Independent Faith Mission originating as ACH transactions comply with U.S. Law.

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

*Please make a copy of this form for your records or you can request a copy from Independent Faith Mission.*