



**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: \_\_\_5<sup>th</sup> of the month \_\_\_20<sup>th</sup> 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 \_\_\_\_/\_\_\_\_



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](http://www.wivh.org) or by contacting WIVH by phone or mail. All donations provided to WIVH comply with U.S. Law.

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