



Acts 4

 Ministry, Inc

Inspiring Acts of Love®

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

I'd like to make a One-Time Gift Monthly Gift* Semi-Annual Gift*

*Please process my recurring gift on the 1st 5th 10th 15th 20th 25th of the month

*Please start my recurring gift on the ____ / ____ / ____ (mm/dd/yyyy)

In the Amount of \$10.00 \$25.00 \$50.00 \$100.00 \$ _____ Other Amount

Yes! I wish 100% of my donation amount to go to Acts 4 Ministry, Inc. I would like to pay the processing fee associated with my donation. (Please enter amount below)

Please add \$ _____ (\$0.25 for ACH or 3% for credit cards)

Total Donation Amount: \$ _____ (required)

Please apply my gift to: General Operations Underwear Campaign Annual Appeal

Back to School Drive Building Improvements In Memory Of _____

Comments: _____

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

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.acts4.org or by contacting Acts 4 Ministry, Inc. by phone or mail. All donations provided to Acts 4 Ministry, Inc. comply with U.S. laws and regulations.

Signature _____ Date _____

(Required)