



CONTACT

Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Company: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Please add me to your mailing list. Email(s): \_\_\_\_\_

GIFT INFORMATION

Please Process my Gift:  Monthly

Please Process my Gift on the:  1<sup>st</sup> of the month  5<sup>th</sup> of the month  10<sup>th</sup> of the month  
 15<sup>th</sup> of the month  20<sup>th</sup> of the month  25<sup>th</sup> of the month

Please process my first gift on \_\_\_/\_\_\_/\_\_\_\_\_(mm/dd/yyyy)

OR  I would like to make a One-Time Gift

Please make this a  Donation  Memorial Gift  Honor Gift  Anonymous Donation

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

Please apply my gift to: \_\_\_\_\_ Leadership Training

\_\_\_\_\_ Libras Bible Translation \_\_\_\_\_ Where Most Needed \$ \_\_\_\_\_ Total Gift

Comments: \_\_\_\_\_

PAYMENT INFORMATION

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.

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

Yes! I wish 100% of my donation amount to go to Kophos Mission Inc. I would like to pay the 3% credit card or \$0.25 ACH processing fee associated with my donation.

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.kophosmission.org](http://www.kophosmission.org) or by contacting Kophos Mission Inc by phone or mail. All donations provided to Kophos Mission Inc comply with U.S. Law.

**For Office Use Only**

\$ \_\_\_\_\_ Processing Fee Amount (3% for Credit Card gifts or \$0.25 for Checking Account gifts)

\$ \_\_\_\_\_ Total Donation Amount (required)(Donation Amount specified above + Processing Fee Amount)

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