

GIVING FORM



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 _____ Memorial Gift _____ Honor Gift _____ Anonymous Donation

In Memory/Honor of: _____

As a ___ One-Time ___ Monthly ___ Semi-Monthly** ___ Quarterly ___ Semi-Annual ___ Annual Gift

On the ___5th of the month OR ___20th of the month
**Semi-Monthly gifts will be processed on the 5th and 20th of the month. Please note the total gift amount specified will be debited on each date.

When would you like to process your 1st gift? ____/____/____ (mm/dd/yyyy)

Please apply my gift to: \$ _____ Where Needed Most \$ _____ Home Office \$ _____ Camp META

\$ _____ Radio News Of Life \$ _____ South Africa Field Fund




\$ _____ Suriname Field Fund \$ _____ Standridge-Long Scholarship

\$ _____ Missionary (please specify) _____

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.**

For Office Use only: \$ _____ 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 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 _____ Date _____
(Required)

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