

# Donations that Transform Lives

If you would like to be a part of developing leaders in Africa, you may donate here. You may also donate to the projects of any of our partners, and 100% of what you give will go to those projects. **Note:** A small fee will be deducted by our service providers for credit card and electronic check transactions, but no other funds will be deducted by TLP.



If you are making a donation to a mission service team, please note in the Comments the name of the person who contacted you about the project.

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

Address \_\_\_\_\_

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

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

Check here to be added to our mailing list to receive newsletters, updates, mission team information and mentoring opportunities.

\_\_\_ I would like to make Recurring Gift as a:

\_\_\_ Monthly Gift      \_\_\_ Quarterly Gift      \_\_\_ Semi-Annual Gift      \_\_\_ Annual Gift

Please process my gift on the:      \_\_\_ 5<sup>th</sup> of the month      OR      \_\_\_ 20<sup>th</sup> of the month

Please start my recurring gift on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

OR

\_\_\_ I would like to make a One-Time Gift.

Donation Amount \$ \_\_\_\_\_

\_\_\_ **YES!** Please add 3% to my donation to help offset the Processing Fees assessed to Transformational Leadership Partners.

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

Preferred Fund Designation: \_\_\_\_\_

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

Please make this a      \_\_\_ Donation      \_\_\_ Memorial Gift      \_\_\_ Honor Gift      \_\_\_ Anonymous Donation

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

\_\_\_ 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.tlponline.org](http://www.tlponline.org) or by contacting by phone or mail. All donations provided to Transformational Leadership Partners comply with U.S. laws and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

Please make a copy of this form for your records or you can request a copy from Transformational Leadership Partners.