# Donation Form

Address

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☐ Missionary Support Ministries ☐ Special Project ☐ Missionary

*Iting to a Special Project, please list the account code.*

*Iting to a specific missionary, please list their name and country of service, or their account code.*

Sue Kolljeski, Account #270

**Is this a one-time gift or a monthly donation?**

☐ One-time ☐ Monthly

**Which day would you like for your EFT donation to be processed?** ☐ 5th ☐ 25th

**Which day would you like for your credit card donation to be processed?** ☐ 5th ☐ 15th ☐ 25th

**Which month would you like to begin your monthly donations?**

**I hereby authorize The Mission Society to automatically deduct from my credit card or checking account (EFT) on the 5th, 15th, or 25th of each month. I understand that I may terminate or change this agreement at any time by providing written notification to The Mission Society.**

*Sign here*

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