



Shekinah International Outreach Network Inc.

8631 US 27 South, Forth Wayne, Indiana 46816, USA

Tel: 1-260-438-3629

Your gift to The Shekinah International Outreach Network Inc. will make a difference—both now and in the future. Thank you for your generosity and we appreciate your support.

Authorization for Credit Card Donation

Print this form, complete the following information and mail with your donation to the address above.

This Gift is from... Individual Corporation

Personal Information

(If individual)

Title: Mr. Mrs. Mr. & Mrs. Ms. Dr. Sir.

(Please Print)

Full Name: _____

(If Corporation)

Company/Corporation: _____

Contact Name: _____

This is a joint donation with Spouse Other Not a joint donation

If this is a joint donation, please identify the name(s) of joint donor(s) (e.g. Mrs. Sally Smith; the Smith family; The Employees of ABC Corporation, etc.).

Email Address: _____

Day Time Phone Number: _____

Is this address Home Business

Street Address _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Country: _____

I would like to donate... \$1000 \$500 \$250 \$100 \$50 \$25

Other (\$10 minimum) \$_____ Note: Please enter numbers only. No comma or other special characters

Credit Card Information

Charge my credit card

Credit Card Type: VISA MasterCard American Express Discovery Card

Name on Card: _____ (Exactly as on card)

Card Number: _____

Card Security Code (CSC): _____

(Most credit cards, the security code is the last three digits of the number shown above the signature strip on the reverse side of the credit card. American Express Cards, the security code is the four digit number shown above the credit card number, on the right-hand side of the front of the card.)

Expiry Date: Month _____ Year _____

Is this card a... Individual Card? Corporate Card?

Is the billing address of this credit card the same as in the donor information above?

Yes No

If No, please enter a billing address for this credit card.

Street Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Country: _____

I authorize the Shekinah International Outreach Network to charge my credit card as indicated above.

Date: _____ Signature of Cardholder _____

This donation is

In Honour of (Name): _____

(Address of Honouree for a tribute letter to be sent)

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Country: _____

This donation is

In Memory of (Name): _____

(Address of Family for a memorial letter to be sent)

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Country: _____

**Families often request the addresses of those who donated in memory of their loved one in order to send a thank you. Please check here if you would prefer that we not release this information to them.*

May we send you information or updates regarding Shekinah International Outreach Network? Yes No