



Date: _____

DONATION FOR (please check all that apply)

Fund: _____ Amount: _____
Fund: _____ Amount: _____
Fund: _____ Amount: _____
Total Amount: _____

Name: _____
Company/Organization: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Please add me to e-mail list

CREDIT CARD AUTHORIZATION

Credit Card Type (please check one): AMEX. VISA MASTERCARD DISCOVER

Card Billing Address (If same as above, leave blank): _____

City: _____ State: _____ Zip: _____

Phone No. of Cardholder: _____

Card No.: _____ Exp. Date: _____ CID or Security Code: _____

I hereby authorize the Mission Impact to charge the following amount \$ _____

To my credit card. One-Time Monthly

Signature: _____ Date: _____

CHECK

Please make all checks out to "Mission Impact" and kindly mail with the attached form to the address listed below.

OPTIONAL DEDICATION

Please make my gift:

In Honor of _____ In Memory of _____

Please send acknowledgment of dedication to (name/address required):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

WE THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!

Mission Impact is a 501 (c)(3) evangelical, non-denominational, mission organization that work in Guatemala sharing the Gospel of Jesus Christ. All gifts to Mission Impact are tax-deductible and are received promptly.

P.O. Box 45797, Madison WI 53744 • e-mail:info@missionimpact.com