

Please **print this form**, make any checks payable to **Gospelink**, and return to the **address below**.

FULL NAME		DONOR ID (IF APPLICABLE)	PHONE
ADDRESS		APT #	CITY
STATE	ZIP	EMAIL	

REOCCURRING SPONSORSHIP OPTIONS

<input type="checkbox"/> STUDENT SPONSORSHIP / PATTON SCHOLARSHIP FUND	\$	Monthly Annually	Quarterly
<input type="checkbox"/> STAFF & ADMINISTRATION SPONSORSHIP	\$	TOTAL DONATION \$	

SELECT MONTHLY PAYMENT OPTION

I PREFER TO GIVE MY MONTHLY SPONSORSHIP BY MAILING CHECKS.
Please mail me donation vouchers that I return with my checks.

I PREFER TO SET-UP AUTOMATIC DONATIONS FOR MY MONTHLY SPONSORSHIP.
Please use the payment info below to run monthly donations.

ONE-TIME GIFT OPTIONS

<input type="checkbox"/> STUDENT SPONSORSHIP / PATTON SCHOLARSHIP FUND	\$	TOTAL ONE-TIME DONATION \$
<input type="checkbox"/> STAFF AND ADMINISTRATION SPONSORSHIP	\$	
<input type="checkbox"/> GROWTH PROJECT: (PLEASE LIST PROJECT)	\$	

SELECT ONE-TIME PAYMENT OPTION

I HAVE ENCLOSED A CHECK MADE PAYABLE TO GOSPELINK

I WOULD LIKE TO PLACE THIS GIFT ON THE FOLLOWING CREDIT/DEBIT CARD

PAYMENT INFORMATION

ELECTRONIC CHECK PAYMENT

NAME ON ACCOUNT	BANK NAME
ROUTING NUMBER	ACCOUNT NUMBER
MONTHLY PAYMENTS ARE TO BEGIN IN:	DAY OF THE MONTH <input type="checkbox"/> 15TH <input type="checkbox"/> 28TH

I/we hereby authorize PNC to initiate EFT debit entries (withdrawals) from my/our checking account for credit to Gospelink, Inc. This authority will remain in effect until I/we notify Gospelink, Inc. In writing otherwise. I/we realize that any future changes to the information on this form or to the deduction amount must be received by Gospelink in writing 15 days prior to the monthly auto-withdrawal date in order to be implemented. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

CREDIT CARD INFORMATION:

NAME ON CARD	CARD NUMBER
EXP. DATE	CVV NUMBER
SIGNATURE	