

By faith, I want to give to the ministry of



Preferred for the ministry of

\_\_\_\_\_  
Missionary or Project

- Send monthly \$ \_\_\_\_\_
- Electronic banking/ Credit card option  
(For EFT or credit please complete form below)

Name \_\_\_\_\_

Address \_\_\_\_\_

Annual gift \$ \_\_\_\_\_

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

Special gift \$ \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Prayer partner

Email \_\_\_\_\_

**Contributions to Proclaim! International are tax deductible**  
PO Box 56888 Jacksonville FL 32241



### Authorization for Electronic Funds Transfer

EFT is on your **SIDE: Secure, Immediate, Dependable, Efficient**

Donation amount \$ \_\_\_\_\_

- Monthly: beginning (month) \_\_\_\_\_
- One-time donation (credit card only): date \_\_\_\_\_

Preferred for ministry of \_\_\_\_\_

Donor signature \_\_\_\_\_

Date \_\_\_\_\_

### CHECKING ACCOUNT

Funds from checking accounts are transferred  
on the 15th of the month  
Please enclose a voided check

### CREDIT CARD

- Visa
- Mastercard
- Discover
- American Express

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ verification code \_\_\_\_\_

**This block is for credit card or electronic bank transfer only**



Thank you for your contribution which is deductible in accordance with state and federal tax laws. It is made with the understanding that Proclaim! International has complete discretion and control over the use of the donated funds. Every effort will be made to apply your gift according to any indicated preference. We recognize our responsibility for accountability and our audited financial statements are available upon request. We thank God for you and appreciate your support.

Print and return completed form by:

MAIL: Proclaim! International  
PO Box 56888  
Jacksonville FL 32241

FAX: 904.639.6009

SCANNED ATTACHMENT: info@proclaiminternational.com