

MAIL-IN DONATION FORM

Thank you for choosing to send Bibles to Africa. Simply print this page, indicate gift level, and fax or send it in with your gift.



MAIL

PO BOX 28000
Chicago, IL 60628



FAX

1.708.367.8600



PHONE

1.866.825.4636

I PREFER TO DONATE BY (Choose one)

- Mailing a check
- Automatic debit from my bank account through EFT
 - checking
 - savings
- Credit Card

I WOULD LIKE TO GIVE A

- Monthly gift (15202, IRP61-W08)
- Single gift (15202, IRP61-W04)

DESIGNATED MINISTRY: Africa

PLEASE SELECT GIFT LEVEL (Choose one)

- \$50
- \$100
- \$150
- \$500
- \$ _____

PLEASE TELL US WHERE YOU HEARD THE RADIO BROADCAST

Radio Station _____ State _____

CONTACT INFORMATION | PLEASE PRINT

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone () _____ E-mail* _____ I may be contacted by e-mail

*We do not trade or sell your e-mail address

CREDIT CARD INFORMATION

(Your monthly gift will be processed when received and then on that same date for all subsequent months.)

Credit Card Number

Expiration Date Card Type    

Cardholder's Name _____

Cardholder's Signature _____

EFT AUTHORIZATION for monthly gift (Your gift will be processed on either the 5th, 15th or 25th of the month. Please circle which date you prefer. The transaction will appear on your bank statement.)

I / We authorize Bible League International to make a transfer of \$ _____ from the checking account indicated on the **enclosed voided check**, or if a savings account, please provide account # _____ and bank routing # _____. This authorization is to remain in effect until Bible League has received written notification from me (or either of us) that it is to be terminated. (Please remember to enclose your voided check with this form.)

SIGNATURE(S) _____

Your U.S. gift is tax-deductible as allowed by U.S. law.