



### CREDIT CARD DONATION FORM

NATIONS FOR JESUS, POST BOX 908, LILBURN, GA 30048

PHONE: 404-474-1172

FAX: 404-551-4833

I do hereby grant authorization to Nations for Jesus to charge the following amount to my credit card:

#### REQUIRED INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

#### DONATION INFORMATION

Amount of Donation: \$ \_\_\_\_\_

Visa/MasterCard/Discover/American Express: Please select one

Credit/Debit Number: \_\_\_\_\_

Expiration Month and Year: \_\_\_\_\_

Print your name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_ (required)

#### THIS DONATION IS FOR

Evangelistic Crusade \$ \_\_\_\_\_ Hope Center \$ \_\_\_\_\_

Bible Institute \$ \_\_\_\_\_ Pastors Conference \$ \_\_\_\_\_

Church Planter \$ \_\_\_\_\_ Literature Development \$ \_\_\_\_\_

Other Projects \$ \_\_\_\_\_