



God's Visions, Inc.

MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Fill this out only if you're making your donation on behalf of an organization): _____

ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address): _____

City: _____ State: _____ Zip Code: _____

Country: _____

Email (optional): _____

Telephone Number (optional): _____ Home Mobile

ONE TIME PAYMENT OPTIONS

One Time Gift Amount: _____

I'm enclosing my check made payable to the God's Visions, Inc.

Please charge my credit/debit card:

Visa MasterCard American Express Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Billing Address: City _____ State _____ Zip Code _____

RECURRING PAYMENT OPTIONS

Your monthly gift can make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$_____ per month.

YES! I would like to make a monthly gift in the amount of \$_____ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling (202) 430-7260.

I WANT TO SUPPORT

Please designate your gift to one of the following:

Covid-19 Food Pantry Where It Is Needed Most: Support all of the urgent programs of the God's Visions, Inc.

Your questions and feedback are very important to us. Please feel free to contact us at donate@godsvisions.org or call (202) 430-7260. Thank you for your support.

Please mail your completed form to: God's Visions, Inc. - 2227 Bel Pre Rd #472 - Silver Spring, Maryland 20906