

## CONTRIBUTION/DONATION FORM

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

Organization: \_\_\_\_\_

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

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

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

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

**Choose the project to help:**

**Donation Amount:**

- |  |          |
|--|----------|
| <input type="checkbox"/> Missionary Support              | \$ _____ |
| <input type="checkbox"/> Adopt-A-School Program          | \$ _____ |
| <input type="checkbox"/> Clean Water Projects            | \$ _____ |
| <input type="checkbox"/> Self Help Initiative            | \$ _____ |
| <input type="checkbox"/> Medical Mission Outreach        | \$ _____ |
| <input type="checkbox"/> Bibles and Christian Literature | \$ _____ |
| <input type="checkbox"/> Where Needed Most               | \$ _____ |

**DONATION INFORMATION** (check appropriate box):

- No recurring payment  
  Monthly recurring payment  
  Weekly recurring payment  
  Yearly recurring payment

Enclosed Check # \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

**PAYMENT BY CREDIT CARD**

- AMERICAN EXPRESS \_\_\_\_\_ SECURITY CODE  
  MASTER CARD \_\_\_\_\_ SECURITY CODE  
  VISA \_\_\_\_\_ SECURITY CODE

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME (As it appears on the card) \_\_\_\_\_

CARD BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNITURE OF CARD HOLDER \_\_\_\_\_

**Mail or Fax completed form to:**  
 TEL International · PO Box 763325, Dallas TX 75376  
 Bus (469) 523-1396 · Fax (469) 523-1301