



GLOBAL MINISTRIES CHILD SPONSORSHIP
GIFT COMMITMENT

Yes, I/we would like to sponsor a child from —

_____ OR _____
CENTER **COUNTRY**

PLEASE PRINT

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE + 4 _____

TELEPHONE _____ EMAIL _____

1. PLEASE SELECT A PAYMENT PLAN

- CHECK:** AMOUNT \$ _____ per transaction, payable to Wider Church Ministries
- STOCK TRANSFER:** check here to receive transfer instructions
- ELECTRONIC FUNDS TRANSFER FROM CHECKING OR SAVINGS ACCOUNT** (signature required below)

<input type="checkbox"/> CHECKING	BEGINNING MONTH/YEAR _____	AMOUNT \$ _____ per transaction
<input type="checkbox"/> SAVINGS		
BANK NAME _____		LOCATION _____
ROUTING # _____		ACCOUNT # _____
SIGNATURE _____		

- CREDIT CARD PAYMENTS** (signature required below)

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> ONE TIME DONATION (SPECIAL GIFT)
BEGINNING MONTH/YEAR _____		AMOUNT \$ _____ per transaction
CREDIT CARD #	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
CARDHOLDER'S NAME _____		EXPIRATION DATE ON CARD ____/____
CARDHOLDER'S SIGNATURE _____		

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER OR CREDIT CARD TRANSACTIONS —
 I/We understand that authorization of Electronic Funds Transfers/credit card transactions remains in effect according to the installment terms defined unless discontinued upon receipt of a 30-day advance written notification from me/us.

_____ SIGNATURE _____ DATE

2. PLEASE SELECT A PAYMENT SCHEDULE

CHECK ONE ►	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> ANNUALLY
CHECK ONE ►	<input type="checkbox"/> 1 ST OF THE MONTH	<input type="checkbox"/> 15 TH OF THE MONTH		
CHECK ONE ►	<input type="checkbox"/> I/WE WOULD LIKE RECEIPTS	<input type="checkbox"/> I/WE DO NOT NEED RECEIPTS		

OFFICE USE ONLY	CONSTITUENT'S ACCOUNT NAME _____	CONSTITUENT'S ID # _____
	CHILD'S ACCOUNT NAME _____	CHILD'S ID # _____
	BEGINNING MONTH/YEAR _____ / _____	

Thank you for connecting with the world through a child!