

CREDIT CARD CONTRIBUTION FORM

Please print or type

Please process my gift for: US\$ _____ (Amount)

Designation: General Fund Property Fund Other _____

Frequency: One time only Monthly Other _____

Please charge my: Visa MasterCard Discover American Express

Account #: _____

Expiration Date: ____ / ____ (Month / Year) Security Code / CVV2: _____

Signature: _____ Date: _____

Name (as it appears on card) _____

Address _____

City _____ State / Prov. _____

Zip Code / Postal Code _____ Country _____

Daytime Telephone #: _____

E-mail: _____

Lightbearers Ministries International, Inc. is a 501 (C) organization; gifts are tax-deductible.

CONFIDENTIAL

FOR OFFICE USE ONLY:
INVOICE ID: _____