

# HUGS Donation Form

Donor's Name (Exactly as it appears on the credit card) \_\_\_\_\_

Billing Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## Credit Card Information:

Credit Card Type \_\_\_\_\_ Master Card \_\_\_\_\_ Visa

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Donation Amount: \$ \_\_\_\_\_ Date to Begin Monthly Donations: \_\_\_\_/\_\_\_\_/\_\_\_\_

Select One of The Followings:  One Time  Monthly  Once a Quarter  Annually

## Cardholder Authorization:

I hereby authorize the use of the credit card, as information listed about, to be used for a donation to Missionary Ventures International, Inc. Your charge will appear on your statement as Missionary Ventures. (MVI)

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Name

## Please apply my HUGS donation as follows:

1. Support A Child \$ \_\_\_\_\_
2. Pre School Teacher Stipends \$ \_\_\_\_\_
3. E'PAP & Formula Program \$ \_\_\_\_\_
4. Women of Faith \$ \_\_\_\_\_
5. Other \$ \_\_\_\_\_

Please Make Checks payable to MVI with HUG and the designated program written on the memo line and mail to: **Missionary Ventures International, Inc. PO Box 593550, Orlando Florida 32859-3550**  
**Phone (407)859-7322, Fax (407)856-7934**