

SALVATION SAFARI MINISTRIES INFORMATION FORM

PLEASE PRINT

Last Name		First Name		Date
Address			Do you already donate monthly to SalSaf? Circle – YES or NO	
City		State	Zip	
Day Phone ()	Alt Phone ()	Email (<i>We never disclose your email address to others</i>)		
Church		<input type="checkbox"/> Please send me an newsletter updates about Salvation Safari Ministries		

<p style="text-align: center;">The Lord has laid on my heart to contribute \$_____ (Monthly/A one-time gift) to what the Lord is doing through Salvation Safari Ministries.</p>	<p>I would like to allocate my donation to:</p> <p><input type="checkbox"/> Mission Support <input type="checkbox"/> Staff support <input type="checkbox"/> General Fund</p>	<p>I also commit to pray monthly for the Lord to continue working through Salvation Safari to bring unreached people groups to a saving knowledge of Jesus Christ:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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- Payment Method (please complete only one type of payment method) -

CHECKING / SAVINGS	<p>AUTOMATIC BANK DRAFT Please debit my donation from my (check one)</p> <p><input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p>	<p>Automatically draft my account on the: (please check only one)</p> <p><input type="checkbox"/> 1st of each month <input type="checkbox"/> 15th of each month <input type="checkbox"/> 25th of each month <input type="checkbox"/> ___ of each month <input type="checkbox"/> one-time only</p>	<p>Routing Number: _____ <i>Valid Routing # must start with 0,1,2, or 3</i></p> <p>Account Number: _____ 001 123456 123 :1 123456789:1 (Routing #) (Account #) (Check #)</p>
	<p>I authorize Salvation Safari Ministries and Vanco Services (<i>the company SalSaf uses for bank drafts</i>) to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.</p>		
	<p>Authorized Signature: _____ Date: _____</p>		

CREDIT OR DEBIT CARD	<p><input type="checkbox"/> Master Card <input type="checkbox"/> Visa</p>	Your name as it appears on the card	
	Automatically bill my credit or debit card on the: (please check only one)	Billing Address (if different from above)	
	<p><input type="checkbox"/> 1st of each month <input type="checkbox"/> 15th of each month <input type="checkbox"/> 25th of each month <input type="checkbox"/> ___ of each month <input type="checkbox"/> one-time only</p>	Card Number	Expiration Date
	<p>I authorize Salvation Safari Ministries and Vanco Services (<i>the company SalSaf uses for drafts</i>) to process my credit/debit card transaction. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.</p> <p>Authorized Signature: _____ Date: _____</p>		

NOTE: If you selected credit card, debit card or electronic funds transfer, the first charge to your card or draft from your account will be processed on the day of the month you select above.

PLEASE MAIL TO: Salvation Safari Ministries * 403 South Main * Irving, TX 75060 * 972-253-1171 * www.salvationsafari.com