



Global Gates, 236 W 72nd St., NY, NY 10023

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Visit the Global Gates donation page by scanning this QR code.



AUTHORIZATION FORM

Organization name (if applicable):

Your name:

Address:

City, State, Zip:

Email address:

I would like to make the following contribution:

Name of Ministry/Missionary

_____ \$ _____

Other _____

_____ \$ _____

Global Gates Network General Budget

_____ \$ _____

Date of 1st contribution: ___/___/___

Frequency (check one):

- Weekly -Mondays
- Semi-monthly (1st & 15th)
- Monthly on the 1st
- Monthly on the 15th

Checking/Savings

Complete this section if using your checking or savings account.

Please debit my (check one):

Checking account – attach voided check Savings account – attach voided deposit slip

Routing #:

Account #:

Valid routing # must start with 0, 1, 2 or 3

I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notice to terminate the authorization.

Credit/Debit Card

Complete this section if using your credit or debit card.

Please charge my (check one): Visa Master Card Discover American Express

Card #:

Expiration Date: ___/___/___

Name on card

Billing Address (if different from above) _____

City _____ State _____ Zip _____

I authorize the above organization to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: ___/___/___