



CREDIT CARD DONATION FORM

NATIONS FOR JESUS, POST BOX 908, LILBURN, GA 30048

PHONE: 404-474-1172

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I do hereby grant authorization to Nations for Jesus to charge the following amount to my credit card:

REQUIRED INFORMATION

Name: _____

Address: _____

City: _____

State/Zip: _____

Email: _____

Phone: _____

DONATION INFORMATION

Amount of Donation: \$ _____

Visa/MasterCard/Discover/American Express: Please select one

Credit/Debit Number: _____

Expiration Month and Year: _____

Print your name as it appears on the card: _____

Signature: _____ (required)

THIS DONATION IS FOR

Evangelistic Crusade \$ _____ Hope Center \$ _____

Bible Institute \$ _____ Pastors Conference \$ _____

Church Planter \$ _____ Literature Development \$ _____

Other Projects \$ _____