



Donation Form

Personal Billing Information

Title: _____ First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Donation Amount: \$ _____ One Time Recurring

If Recurring: Monthly Other: _____ Start Date: _____

Credit/Debit Card Donation Information

Cardholder Name: _____ Card Expiration (MM/YY): ____/____

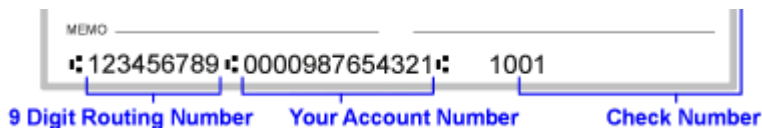
Credit Card Number: _____

Card Type: Visa Mastercard Discover AmEx

Electronic Bank Transfer Information

Name on Account: _____ Account Number: _____

Name of Institution: _____ Routing Number: _____



I consent to allowing Lighthouse Mission Ministries to access my bank account electronically and/or charge my credit/debit card, whichever information I have entered, for the amount and frequency I have prescribed on this donation form.

Signature: _____ Date: _____

Send this form or an attached donation to Lighthouse Mission Mission at:

Lighthouse Mission Ministries, PO Box 548, Bellingham, WA 98227

Questions? Call Donor Relations at (360) 671-1562