

Amount of Gift: \$ _____



One-Time Monthly

Card Holder's Name As It Appears on Credit Card (Required)

Card Number (Required)

Expiration Date (Required)

3 Digit Security Code

Billing Address

City

State

Zip

Phone

Email

Comment

To give by credit card, print this form, fill it out and mail it to:

INTERNATIONAL SERVANTS, PO BOX 350070, PALM COAST, FL 32135-0070

All gifts are tax-deductible. Thank you and God bless you for helping us reach Belize for Jesus.