

Donor Information

NAME: _____
MAILING ADDRESS: _____
PHONE: _____ EMAIL: _____

Pledge Information

I (WE) PLEDGE A TOTAL OF \$ _____ TO BE PAID (CIRCLE ONE OF THE BELOW):
MONTHLY QUARTLY YEARLY NOW

I (WE) WOULD LIKE TO HAVE OUR DONATION TO GO TOWARDS (CIRCLE ONE OF THE BELOW):
GENERAL FUND MUSIC MINISTRY MEALS MEDICAL/DENTAL COMMUNITY OUTREACH BUILDING FUND
OTHER: _____

I (WE) PLAN TO MAKE THIS CONTRIBUTION IN THE FOR OF (CIRCLE ONE OF THE BELOW):
CASH CHECK CREDIT CARD

SIGNATURE _____

DATE _____

PLEASE MAKE CHECK PAYABLE TO SPARROW MUSIC, INC. IF PAYING WITH CREDIT CARD PLEASE FILL THE BACK OF THE FORM OUT COMPLETELY. THANK YOU IN ADVANCE FOR YOUR DONATION!



*"Are not five sparrows worth two pennies?
But not one is forgotten in God's sight." - Luke 12:6*



Help FOR TODAY *Hope* FOR TOMORROW
sparrow music

CARDHOLDER'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

CARD TYPE: VISA MASTER CARD DISCOVER AMEX CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____/____ SECURITY CODE(LAST THREE OR FOUR DIGITS ON BACK OF CARD): _____

I (WE) HERBY AUTHORIZE SPARROW MUSIC, INC. TO MAKE RECURRING CHARGES TO MY CREDIT CARD LISTED ABOVE, AND, IF NECESSARY, INITIATE ADJUSTMENTS FOR ANY TRANSACTIONS CREDITED/DEBITED IN ERROR. THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL SPARROW MUSIC, INC. IS NOTIFIED BY ME (US) IN WRITING TO CANCEL IT IN SUCH TIME AS TO AFFORD SPARROW MUSIC, INC. AND CREDIT CARD COMPANY A REASONABLY OPPORTUNITY TO ACT ON IT.

SIGNED _____ PRINT NAME _____ DATE _____

CREDIT CARD FORM

