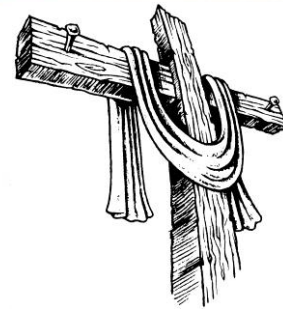


Donation Form (One-Time or Automatic by EFT)

One-Time Donations: You can use this form to make a one-time gift charged to your credit card or deducted from your bank account, or use it to send in a one-time check or monthly checks.

Automatic Monthly EFT Donations: The University of the Nations Kona's EFT automatic electronic monthly giving plan can save you time, money, and energy. Once you sign up for automatic monthly giving, you no longer need to write a check or fill out a credit card form each month. There will be no more stamps to buy or return envelopes to deal with. You also have the assurance your gift will arrive safely without the hassles of dealing with the postal service.

Each month, your gift can be deducted from your United States checking or savings account or charged to your credit card automatically. If you have any questions about the process, or to increase, decrease or end monthly gifts at any time, you may contact us using the information at the bottom of the form. Our office hours are Monday through Friday, 10:00am to 4:30pm Hawaii Standard Time (Two to six hours behind mainland times).



Please print legibly:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

His E-mail: _____

Her E-mail: _____

Home Phone: _____

His Cell Phone: _____ Her Cell Phone: _____

Automatic electronically deducted monthly gift (fill in right side of form) of

\$ _____ for **Craig & Lib Pulsifer c/o YWAM Canada (PC-17)**
(Name & Fund Number of missionary or ministry)

AND/OR...

One-time gift or a donor sent in monthly gift of

\$ _____ for _____
(Name & Fund Number of missionary or ministry)

I would like to go paperless (check the box to the left).
Please email my receipts to the email address written above. (Sending receipts to both an email address and a street address is not an available option at this time.)

Please make one-time donation checks payable to:

University of the Nations Kona

(Please do not write the missionary or ministry name or fund number on the check itself.)

To donate, please fill out this form and fax, e-mail, or mail it to:



University of the Nations Kona

75-5851 Kuakini Hwy #256, Kailua Kona, HI 96740

Phone: (808) 326-4428 Fax (808) 326-4490

Email: donorprocessing@uofnkona.edu

Give by Credit Card: Credit Cards Accepted: **DISCOVER**

(Sorry, but we can not accept Debit Cards or Pre-Paid credit cards even if they show a credit card logo.)

Please charge my credit card. I understand an additional fee of 3.5% will be deducted from the amount the missionary or ministry receives if I use a credit card. I also understand the address written on the left side of this form must match the address on my credit card statement.

Name as it appears on card: _____

Card #: _____

Expiration Date: _____ 3 or 4 digit Security Code: _____

I hereby authorize University of the Nations Kona to initiate debits from my account as indicated above. If I have requested donations to be charged monthly, I understand my donations will be deducted from my credit card between the 15th and 20th of each month until such time as University of the Nations Kona receives additional instructions from me. I also understand this contribution is made with the understanding that UofN Kona has complete control and administration over the use of the donated funds. Funds will be dispersed only to approved UofN Kona programs and volunteers involved in these programs.

Today's Date: _____ Signature: _____

OR... (preferred method)

Give by Debiting a United States Checking or Savings Account: *

Please debit my bank account. A voided check is enclosed or attached.

Name of Bank: _____

Routing #: _____

Account #: _____

Account Type: Checking Savings Today's Date: _____

I authorize University of the Nations Kona to electronically debit my account at the depository financial institution named above. I agree ACH transactions I authorize comply with all applicable law. I understand this authorization will remain in full force and effect until I notify University of the Nations Kona that I wish to revoke or change this authorization. If I have requested donations to be charged monthly, I understand my donations will be deducted from my bank account between the 15th and 20th of each month. I also understand this contribution is made with the understanding that University of the Nations Kona has complete control and administration over the use of the donated funds. Funds will be dispersed only to approved UofN Kona programs and volunteers involved in these programs.

* Today's Date: _____ Signature: _____

(This form MUST be signed before we can process your donation.)

* complete form and email with scanned copy or cell photo of your void cheque