

AMG International Credit/Debit/Check Card Charge Authorization

Name: _____

Address: _____

Phone Number: _____ E-mail: _____

Card type/ Card Number _____

Expiration Date _____

Security Number (3-digit number on signature strip) _____

Amount: \$ _____

I authorize this amount to be charged **EVERY MONTH**.

CHARGES MAY BE PROCESSED ON DATE OF DONOR'S CHOICE

{ I prefer the _____ day of the month (or) _____ no preference }

Designation(s): \$ _____ for _____ ; \$ _____ for _____ ;

If at any time I choose to discontinue my support, or need to update or make any changes to my information, I will inform AMG. AMG agrees to keep donor information in the strictest confidence. Any instructions given to AMG will be carried out as promptly and exactly as possible.

Signature

Date

Please contact Ruth Wilson, Development Assistant, in the Donor Services Department at 1-800-251-7206, ex. 202, or ruthw@amginternational.org with any questions or changes in information.

Thank you for helping us to extend the compassion and salvation of Jesus Christ to those in need! God Bless you!

Form may be returned by mail to: AMG International
Attn: Ruth Wilson
6815 Shallowford Road
Chattanooga, TN 37421

By fax to: 423-894-6863