

Global Church Advancement Mail/Fax-in Contribution Form

Please Print:

PERSONAL INFORMATION

Name

Address

City State Zip

Country

(____) _____

Phone

E-mail

I do not wish to be contacted by e-mail.

CONTRIBUTION INFORMATION

\$ _____

Contribution amount

CREDIT CARD INFORMATION

Visa MasterCard Discover American Express

Credit Card Number

Expiration Date

Cardholder's Name

Cardholder's Signature (required for credit card use)

GCA Mailing Address:

P.O. Box 2062

Winter Park, FL 32790-2062

GCA FAX #: 407.358.5350