

U.S. PRAYER CENTER CREDIT CARD DONATION FORM

Donor Information:

Donor's Name (Please print exactly as it appears on your credit card.)

Your billing address

Apartment/Suite #

City/State/Zip

(____) _____

Phone

Email address (optional)

Credit Card Information:

Type of Credit Card (Check One):



Card Number: _____

Expiry Date: ____/____

Donation Information:

Authorized donation amount: \$ _____

Frequency: Monthly Quarterly Annually One-time gift

Date to charge your credit card: _____

Cardholder Authorization:

I hereby authorize the use of the credit card, as listed above, to be used for an income-tax deductible donation to the **U.S. PRAYER CENTER**, Inc.

Cardholder Signature

Date

Cardholder Name (Please print)

We are grateful for you and for your regular monthly partnership as we *"Disciple the Nations"* together. And we assure you that your income-tax deductible investment will be prayerfully directed into Kingdom opportunities. If you should ever have any questions regarding this form or anything regarding our ministry, never hesitate to call us at: **(713) 466-4009**.

-- Eddie & Alice

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