



Proclaim Aviation Ministries
 PO Box 356 · Worthington, MN 56187-0356
 Tel: 507-376-9480 www.proclaimaviation.org

**I/We desire to commit to a financial partnership with Proclaim
 for the ministry of Scott & Rachel Musselman!**

Name _____ e-mail _____

Address _____ City, State Zip _____

I/We would like to provide financial support through:

- automatic donations from my credit card or bank account (see below)
- regular monthly gifts of \$ _____ (monthly receipts will be sent with return envelopes)
- a cash gift of \$ _____ (enclosed) Please make checks payable to *Proclaim Aviation*.

You can manage your own donations at our website: www.proclaimaviation.org
 Click on "Donate" and follow the instructions given.

Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the information below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card or bank account for the amount indicated and your total charges will appear on your credit card or bank statement. You may cancel this automatic billing authorization at any time by contacting us. This form may also be used for "one-time" credit card donations.

Credit Card Donations

I authorize Proclaim Aviation Ministries to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency (check only one): Weekly Semi-Monthly Monthly
 Quarterly Semi-Annually Annually One-time gift

Proclaim Aviation Ministries accepts the following credit cards: **Visa, MasterCard, Discover & American Express**
 Credit card type: _____ Credit Card number: _____ Expires _____/_____/_____

Cardholder's name (as shown on credit card): _____ Cardholder's Zip code (required) _____ Phone Number _____

Customer's signature: _____ Date: _____/_____/_____

For Automatic Billing:
 Start billing on: _____/_____/_____

End billing when: Customer requests cancellation or Specific date: _____/_____/_____

Automatic Bank Account Deductions (e-mail required above)

Please include a voided check.

I authorize Proclaim Aviation Ministries to automatically bill my bank account as specified:

Amount: \$ _____ Frequency (check only one): Weekly Semi-Monthly Monthly
 Quarterly Semi-Annually Annually

Start billing on: _____/_____/_____ End billing when: Customer requests cancellation
 Specific date: _____/_____/_____

Phone Number _____

Customer's signature: _____ Date: _____/_____/_____



Proclaim is recognized by the IRS as a United States 501(c)(3) nonprofit organization. Tax-deductible receipts will be issued for contributions received. Proclaim has been accepted into the Evangelical Council for Financial Accountability (ECFA). The Christian nonprofit organizations that qualify for ECFA demonstrate compliance with established standards in financial accountability. Contributions are solicited with the understanding that Proclaim Aviation Ministries has complete discretion and control over the use of all donated funds.