

**AUTHORIZATION AGREEMENT FOR  
ELECTRONIC DEBIT, CREDIT CARD CHARGE, OR CHECK**

Thank you so much for your interest in our work in Northern Uganda. Our organization, **Favor of God Ministries, Inc.**, is working in what has been described as one of the most challenging places in the world. We have a trained, growing team, of competent Acholi leaders on ground in Northern Uganda and we need faithful partners who will stand with us. If you feel you would like to partner with us, please complete the form below.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**\*Favor of God Ministries, Inc.** is in full compliance with the Internal Revenue Service to receive tax-deductible contributions. With your signature and written permission, the organization is authorized to receive either one-time or monthly contributions from your checking account or credit card charge.

**Automatic Debit Enrollment Form**

I want to partner with your work through Favor of God Ministries, Inc. I authorize my bank to transfer money to Favor of God Ministries, Inc. as indicated here: \$ \_\_\_\_\_ **one-time offering** or \$ \_\_\_\_\_ **each month**. My bank statements will reflect my transfers and I will receive a receipt from Favor of God Ministries, Inc. monthly. If I should decide at any time to stop *monthly* giving for any reason, I must simply **notify Favor of God Ministries, Inc. in writing** and the automatic transfers will cease the next month.

Transfer my investment on the \_\_\_ 1<sup>st</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 15<sup>th</sup> \_\_\_ 20<sup>th</sup> \_\_\_ Other \_\_\_\_\_ Month to begin \_\_\_\_\_

**Please attach a voided check to this form. This will ensure that we have the necessary banking information to begin the transactions that you have authorized.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card Charge Authorization Form**

I authorize **Favor of God Ministries, Inc.** to make the following charge to my credit card

\$ \_\_\_\_\_ one-time offering or \$ \_\_\_\_\_ each month Month to begin \_\_\_\_\_

Card Type (circle one):      Visa              Master Card

Card Number: \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on the credit card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Monthly Partnering With Favor of God Ministries, Inc.**

You can count on my investment of \$ \_\_\_\_\_ per month which I will mail to the address below

**Please fill out this form and mail it to—Favor of God Ministries, Inc., P. O. Box 4562, Riverside, CA 92514.  
If you have any questions please call (951) 313-1995.**

**Please don't forget to attach a voided check to this form**

**THANK YOU FOR YOUR PRAYERS AND SUPPORT!**