

Staff Ministry Partner For: _____
(Staff Member's Name)

Name(s): _____

Street: _____

City: _____ State/Province: _____ ZIP/Postal: _____ USA Canada

E-Mail: _____

Phone-Home: _____ Cell: _____ Work: _____

Please Send Me:

Monthly KidZ Newsletter (Email)

Monthly E-Prayer Notes (Email)

Info about **Going On a Short-Term Trip**

- | | | | | | |
|--|--------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monthly Gifts of | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Annual Gifts of | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> One-Time Gift of | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$ _____ |

CHECK/PAYPAL

- My first gift is enclosed.
- I will mail gift checks.
- I will send gifts via PayPal.

Please make checks payable to KidZ at Heart.

AUTOMATIC BANK WITHDRAWAL AUTHORIZATION

- Please automatically debit my bank account on the 15th of each month.
- In addition, please debit my bank account for the current month if form is received after the 15th of the month.
- Please debit my bank account for this One-Time Gift.

Bank Name: _____ Branch: _____

Address: _____

City, State/Prov, Zip Code: _____

Routing # (1st 9 Digits on Check): _____ Acct Number: _____

Please attach a voided check to this form.

AUTOMATIC CREDIT CARD AUTHORIZATION

- Please automatically charge my **VISA** **MC** **DISCOVER** **AMEX** card on the 10th of each month.
- In addition, please charge my card for the current month if form is received after the 10th of the month.
- Please charge my **VISA** **MC** **DISCOVER** **AMEX** card for this One-Time Gift.

Cardholder's Name: _____ Billing Address (if different): _____

Number: _____ Exp Date: _____ 3-Digit V-Code: _____ (See Back of Card)

Signature: _____ Date: _____

PLEASE RETURN TO KIDZ AT HEART INTERNATIONAL

P.O. Box 21148, MESA, AZ 85277 OR VIA FAX AT (877) 667-6867

(This is not a solicitation for donations from residents of Tennessee, Mississippi, West Virginia, or Wisconsin. Funds from these states will be treated as non-tax-deductible gifts.)