



IGNITE YOUR WORLD MONTHLY SUPPORT

Personal Information: (please check shaded box when present, next to your selection below)

First Name:		Last Name:	
Street Address:			
City:		State:	
Postal Code:			
Email:		Phone #:	
Please send me updates about KCP and its TRUTH CHURCH partners by:		<input type="checkbox"/> email	<input type="checkbox"/> newsltr
		<input type="checkbox"/> no updates	

Donation Information: (please check shaded box when present, next to your selection below)

Monthly Gift Amount:	<input type="checkbox"/> \$15	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other	<input type="checkbox"/> Enter amount \$
Process my donation on the:	<input type="checkbox"/> 1 st of each month	<input type="checkbox"/> 15 th of each month				
The donation is made by:	<input type="checkbox"/> An individual	<input type="checkbox"/> A business				
I prefer to give by:	<input type="checkbox"/> Credit Card (please fill out the credit card section below)					
I prefer to give by:	<input type="checkbox"/> Pre-authorized debit (please fill out the pre-authorized debit (ACH) section below).					

Credit Card/debit Information: (please check shaded box when present, next to your selection below)

Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Card #:		CID#:	
Name on Card:			
Signature:			

I understand that my donations will continue automatically each month until I notify Ignite Your world Inc, of any changes. I can change or cancel my monthly donation at any time.

Pre-Authorized Debit (ACH) Information:

Please attach a VOIDED check.

Signature:		Date:	
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I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel an ACH agreement, I may contact my financial institution.

I have certain recourse rights, if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this ACH agreement. To obtain more information on my recourse rights, I may contact my financial institution.

Ignite Your World Youth & Community Development Corp., respects the privacy of its donors. We do not sell, rent or trade our donor lists. A tax receipt will be issued for all donations of \$20 or more. For monthly donors, official tax receipts are issued in February for the total year's donation.

Ignite Your World Inc. is a tax-exempt 501(C)(3) nonprofit organization. Your much-appreciated donation is fully tax-deductible.

King's Child Project – PO Box 13897 – Fort Pierce, Florida
Tel: 772-464-1597 | Fax: 772-464-6861
<http://igniteyourworld.org/>