

# Donor Form

THANK YOU so much for your donation and continued support of South Georgia Ministries, Inc. dba LIFEhouse. We are a 501(c)(3) nonprofit organization. A donation receipt will be provided to you for your financial records.



Please complete the applicable areas

## Donor Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle:    Mobile    or    Home

I'd like to support LIFEhouse with a     one-time gift    or     monthly

by donating via one of the following methods (please check applicable options):

### Checks:

- Make payable to “**South Georgia Ministries, Inc.**” and mail to South Georgia Ministries at the address shown below, along with this form. If you would like to make monthly donations via checks, we will mail you return-addressed envelopes for your convenience. Amount of monthly donations, if applicable: \$ \_\_\_\_\_.

### Cash:

- Bring cash funds, along with this form, to the address shown below. Amount enclosed is \$ \_\_\_\_\_. If you would like to make monthly donations via cash (not recommended), we will mail you return-addressed envelopes for your convenience. Amount of monthly donations, if applicable: \$ \_\_\_\_\_.

### Bank Draft:

- YOU can set up online banking with your bank to have funds automatically sent from your banking account to South Georgia Ministries, Inc., either one time or monthly. Amount: \$ \_\_\_\_\_ OR
- Allow US to set up ACH automatic draft from your checking or savings account (this can be a one-time or monthly donation). **Fill out the ACH Authorization Form on the back of this sheet and ENCLOSE A VOIDED CHECK** from the account you'd like us to use.

### Credit Cards

- Allow US to charge your credit card (this can be a one-time or monthly donation). **Fill out the Credit Card Authorization Form on the back of this sheet.**

### PayPal:

- YOU can go to PayPal, our LIFEhouse FaceBook page, or our website at [www.sgmlifehouse.org](http://www.sgmlifehouse.org) and click the DONATE button. Amount: \$ \_\_\_\_\_.

*South Georgia Ministries, Inc. is a 501(c)(3) non-profit charity*

P.O. Box 252  
300 Commerce Way  
Tifton, GA 31793

(229) 396-5433 (LIFE)  
(229) 402-3794 cell  
(229) 396-5435 fax

For monthly or one-time donations to be paid by bank draft (ACH) or credit card, please complete the applicable area below and mail completed form to South Georgia Ministries at the address shown below.



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### ACH Authorization Form (for bank drafts)

Name on Bank Account: \_\_\_\_\_  checking or  savings

Amount to be drafted: \$ \_\_\_\_\_  one-time or  monthly

I hereby authorize South Georgia Ministries, Inc. to debit my bank account in the amount written above on or around the **20<sup>th</sup> of each month** (if monthly option is chosen). I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize the financial institution named below to credit or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement. This authority will remain in full force and effect until such time as South Georgia Ministries, Inc. has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination shall be provided in such time and manner as to afford reasonable opportunity to act upon it.

Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Date

**ENCLOSE A VOIDED CHECK**

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### Credit Card Authorization Form

I hereby authorize South Georgia Ministries, Inc. to charge my credit card in the amount written below on or around the **15<sup>th</sup> of each month** (if monthly option is chosen). I understand that, if necessary, an adjusting debit or credit may be made to correct an error. I also authorize the credit card company to credit or debit my account for the correcting entries. I duly certify that I am an authorized user of said account and have the right to enter into this agreement. This authority will remain in full force and effect until such time as South Georgia Ministries, Inc. has received written notification from me that the authorization has been revoked. It is further provided that written notification of termination shall be provided in such time and manner as to afford reasonable opportunity to act upon it.

Name on Card Account: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_  one-time gift or  monthly

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CSC#: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Date

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