



Contribution/Pledge Form

Just fill this form out and fax it to:

Fax: (734) 454-0303

Mercy-USA for Aid & Development

Phone: 1-800-55-Mercy (1-800-556-3729)

Personal Information

Name: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

E-Mail: _____

Home Phone: _____ Fax: _____

Work Phone: _____ Fax: _____

- One Time Donation Monthly Donation
- \$10 \$25 \$50 \$100 \$200 \$250 Others \$ _____
- Credit Card (fill out section A) Bank Auto Withdrawal (fill out section B)
- Check

I give permission to Mercy-USA for Aid & Development to charge my credit card the amount I have indicated above.

A) Credit Card Information (charged in US currency)



Account Number: _____ Expiration Date: _____

Signature: _____

B) Banking Information (for banks in the US only)

Checking Account Savings Account

Bank Route (ABA) No. (9 digits): _____

Account Number: _____

Starting with the: _____ / _____ / _____

Signature: _____

Date: _____

IMPORTANT

Please fill out the Personal Information section.

Kindly send your tax deductible donation made payable to:

Mercy-USA for Aid & Development or **Mercy-USA for Aid & Development (Canada)**