



JOHNSON BIBLE COLLEGE

Automatic Credit Card Contribution Authorization

DONOR'S INFORMATION (please print)

Date: _____

Name: _____ E-mail: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

It is my desire to make regular monthly contributions to Johnson Bible College through my credit card.

I hereby authorize Johnson Bible College to initiate a credit card contribution each month

in the amount of of \$ _____ to **begin on** _____ 15th, 20 _____

and continue on the 15th day of each month (or next business day) until this authorization is revoked by me (us) in writing and delivered to Johnson Bible College.

Donor Signature: _____ Date: _____

CREDIT CARD INFORMATION

Name on Card: _____

Card Type: Visa Mastercard Discover

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____ / ____
Month Year

GIFT DESIGNATION

My contribution are designated for (check one):

- Where Needed Most
- Capital Campaign
- Permanent Fund _____
Fund Name
- General Operation Fund
- Other _____
- General Scholarship Fund

In Memory or Honor of: _____

I would appreciate the gift being acknowledged to (name and address):

SEND AUTHORIZATION TO:

Development Office, Johnson Bible College, 7900 Johnson Drive, Knoxville, TN 37998