



World of God

Support a Student | Shape a Future

Student:

ID:

SCHOLARSHIP FORM

| | | |
|---------------------|--------|-----------|
| NAME: | | PHONE: |
| EMAIL: | | |
| BILLING ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |
| CHURCH AFFILIATION: | | |

METHOD OF DONATION

CHECK (attached)
 CREDIT / DEBIT CARD*
 ELECTRONIC FUND TRANSFER**

DONATION FREQUENCY

MONTHLY (Haiti \$40, Uganda \$50)
 ANNUALLY (Haiti \$480, Uganda \$600)

TOTALS

_____ X Number of sponsored children = \$_____ TOTAL DONATION

*PAYING BY CREDIT CARD

PLEASE PROVIDE THE INFORMATION BELOW AND RETURN TO SECURE FAX LINE, OR EMAIL TO joan@worldofgod.org.

NAME AS ON CREDIT CARD:

BILLING ADDRESS:

CITY:

STATE:

ZIP:

CREDIT CARD TYPE:

MC

VISA

AMERICAN EXPRESS

DISCOVER

CREDIT CARD #

EXPIRATION:

CVV:

** PAYING BY MONTHLY FUNDS TRANSFER FROM YOUR CHECKING ACCOUNT:

IF PAYING BY ELECTRONIC FUNDS TRANSFER, PLEASE MAIL OR SEND TO OUR **SECURE FAX** A CHECK FROM THE CORRECT ACCOUNT MARKED AS "VOID".

MAIL OR FAX COMPLETED APPLICATION TO:

WORLD OF GOD, INC.

338 S. SHARON AMITY ROAD NO. 280

CHARLOTTE, NC 28211

Email: joan@worldofgod.org

SECURE FAX: 704-919-5726

Voice: 704-575-0062

ATTN: JOAN FINN

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