Credit Card Donation

Name (Please Print)

Address

City State Zip

Phone #

Credit Card Information:

❑ Visa ❑ MasterCard ❑ Discover

Card #: ❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑

Expiration Date:

❑❑ Month ❑❑ Year

Amount of donation to His Way Ministries: $_____

Name on Credit Card: _____

Signature: _____

For Office Use:

Capture #: _____

Reference #: _____

Please return to:

His Way Ministries
P.O. Box 400
Ottawa, KS 66067