



DONOR INFORMATION SHEET

(Please Type Or Print)

NAME: _____

Address: _____

City, State Zip: _____

Email Address: _____

Phone: _____

PLEDGE INFORMATION:

I (We) pledge a total of \$ _____ to be paid: Now ___ Monthly ___ Quarterly ___
Yearly _____

I (We) plan to make this contribution in the form of: Cash ___ Check ___ Credit ___ Credit Card

Credit Card Type: _____ Expiration Date: _____

Credit Card Number: _____

Authorized Signature: _____

Gift will be matched by (Company/ Family/Foundation): _____

Form Enclosed _____ Form will be forwarded _____

*You can also ask your Attorney or Tax Consultant/ Accountant how to include The MaxLife Church in your Will. Not only does this create a fitting legacy, it also passes on some excellent tax advantages to your estate.

ACKNOWLEDGEMENT INFORMATION:

Please use the following names in all acknowledgements:

I (We) would like to remain anonymous:

Signature(s): _____ Date: _____

Please make all checks, corporate matches
or other gifts payable to :

*The MaxLife Church
PO Box 784262
Winter Garden, Florida 34778*