Hope Albania, a ministry of Perception Funding

Complete the section that applies to how you want to make your contribution.
Return by mail: PO Box 480213 Kansas City, MO 64148 Return by email: info@perceptionfunding.org
Have questions? Or want to give by phone? Give us a call: 913.259.4483

Credit Card Authorization Form

We accept MasterCard, Visa, Discover, and American Express.

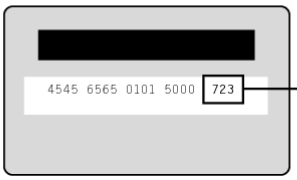
Type of Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

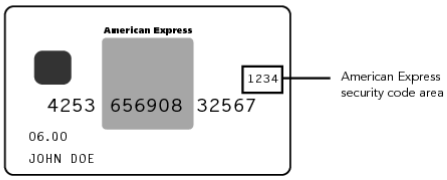
Name on Credit Card

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Security Code: (Diagram Below) ☐☐☐☐

Expiration Date: ☐☐/☐☐/☐☐





Frequency of your contribution

☐ One-time Gift

☐ Recur Monthly
Circle recurring date:
1st, 8th, 15th, 22nd, 30th

Credit Card Billing Address

Street: _____

_____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Don't forget to sign below

Banking Authorization Form

Name: _____

Street: _____

_____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Bank Routing Number ☐☐☐☐☐☐☐☐☐

☐ Checking

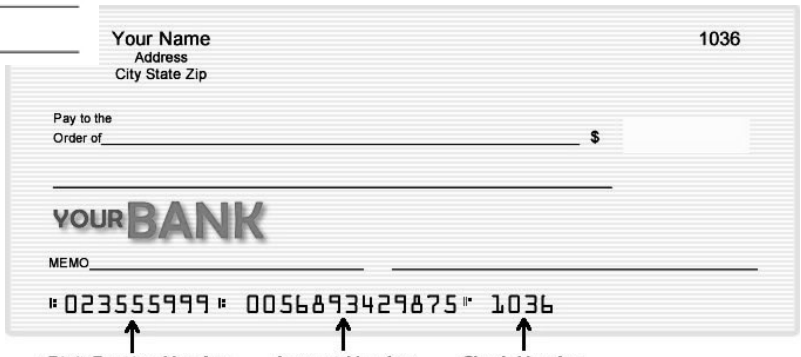
☐ Savings

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Frequency of your contribution

☐ One-time Gift

☐ Recur Monthly
Circle recurring date:
1st, 8th, 15th, 22nd, 30th



I, _____ authorize the use of my credit card, debit card or bank account for charges incurred by Give Transform (an online giving resource of Perception Funding) I understand that after transaction fees 100% of my donation is going to Hope Albania. I understand that for security reasons Give Transform and Perception Funding do not keep or store any credit, debit card or banking information and that once this form is received and the transaction is processed with the processing company this document is destroyed.

_____ _____

Signature Date