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Enclosed is my gift to The Embassy Center, Inc:

If you wish to designate your gift to a specific area of The Embassy, please indicate here:

One-time Gift: \$1,000 \$750 \$500 \$250 \$100 Other: _____

Monthly Gift*: _____

*By signing below, you authorize The Embassy Center, Inc to automatically process your gift as a secure credit card or direct debit transaction during the first week of each month (please include account information below). We will continue to process your monthly gifts until you ask to discontinue your participation, which you can do at any time. Call: (660) 851-2283 or Email: info@theembassyinc.org. I HAVE READ, UNDERSTAND, AND ACCEPT THIS AGREEMENT:

Signature: _____

I am making my gift by:

Check (payable to The Embassy Center, Inc)

Credit card: Mastercard Visa Discover American Express

Direct debit (available only for Monthly Giving Program)

Credit Card Information:

Account Number: _____ Exp. Date: ____ / ____

Authorized Signature: _____

Print Name: _____

Direct Debit Information:

Financial Institution: _____ Branch Name: _____

Routing Number: _____ Account Number: _____

Please send notification of my contribution to: (no amount is mentioned)

Name: _____

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Please send form to:

The Embassy, Inc, 19856 Highway Y, Sedalia MO 65301