



SCHOLARSHIP PAYMENT FORM

NAME:	PHONE:
EMAIL:	
STUDENT NAME:	STUDENT ID:

METHOD OF DONATION

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

DONATION FREQUENCY

\$40 MONTHLY \$480 ANNUALLY ONE TIME

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".

PAYING VIA OUR WEBSITE:
YOU MAY USE THE THIS LINK www.worldofgod.org TO MAKE YOUR DONATION ON LINE.

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