



AFRICA FIRE MISSION



Committed to building & increasing the sustainable capacity of fire departments across the world -
Would you consider partnering with AFM this year?
Supporting a mission participant will help us provide needed training, equipment and encouragement to the firefighters we serve.

Checks may be made out to Africa Fire Mission; P.O. Box 53242, Cincinnati, OH 45253

Please do not put any reference to a person on the memo line of the check, rather list Mission Team on the memo line. Use this form to designate the person(s) or project(s) you are supporting. Please mail the check to the person you are supporting and they will forward it to AFM.

Use the back of this form for credit card or EFT Donations. You can also donate online:

<http://www.africafiremission.org/donate>

Donor Name _____ E-Mail: _____

Address/Phone: _____

Person/Project you are supporting: _____ Donation Amount: _____

Thank you for your generous support of AFM. By submitting this form, you acknowledge that you are supporting an approved mission by AFM and that AFM is exercising management control of this mission. Funds received will be used for the purpose of carrying out the mission and its intended purpose(s). If unforeseen events prevent the completion or accomplishment of the mission, the gift will be credited to AFM's undesignated funds for use in future projects.

Signature of donor: _____ Date: _____



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EFT Authorization

I authorize AFM to debit my account in the amount below. I understand that I am in full control of my donation and that this agreement will remain in full force and effect until both AFM and my bank have received written notification from me to terminate or change the service.

Account type: Personal Savings Consumer Business

Routing Number: _____ Account Number: _____

Amount to be debited from my checking account each month: \$ _____

Start date: _____ Monthly date of withdrawal: _____

PLEASE ATTACH VOIDED CHECK

Account owner signature: _____ Date: _____

Printed Name: _____

CREDIT CARD AUTHORIZATION

I authorize AFM to charge my credit card \$ _____

This is a • One Time Donation • Monthly Donation (specify date of monthly transaction: _____)

Name on Account: _____

Account Number: _____ Security Code: _____

Expiration Date: _____ (month/year)

*For monthly donations, I understand that I have the responsibility to notify AFM at least 30 days in advance to discontinue donations.

Account owner signature: _____ Date: _____

Signature