

DONATION FORM

Yes , I/we want to support Majestic Grace Inc.

We pledge:

☐ Monthly Gift

☐ One-time Gift

Gift Amount:

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 ☐ Other \$ _____



MAJESTIC GRACE INC.

ALL INFORMATION MUST BE FILLED OUT TO PROCESS YOUR DONATION

Donation type: ☐ Cash ☐ Check ☐ Visa ☐ MC ☐ Amex ☐ ACH

Donation on behalf of: _____

Name as it appears on card/account: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Email Address: _____

Send Email Updates ☐ Yes ☐ No

Option 1: Using Credit Card

Credit Card number: _____ Exp. date: ____ / ____ CVC: _____

Option 2: ACH- Bank Account Withdrawal

Bank Name: _____

Routing Number: _____ Account Number: _____

Option 3: Cash or Check

Make checks payable to:

"Majestic Grace Inc."

Mail your contribution to:

1711 B Bruce St. #200

Anderson, CA 96007

(707) 599-4531

Authorized Signature: _____

Your tax-deductible gift goes directly towards our efforts to support children through our ministries in India, Pakistan, Rwanda and Nigeria. We also provide job creations for families to provide livelihoods.