



# Panamá Mission Foundation

## Pledge Card



Name: _____	By faith, I pledge a monthly contribution of:
Address: _____	\$25 ____ \$50 ____
City: _____ State: ____ Zip: _____	\$75 ____ \$100 ____
Phone: _____	Other monthly \$ _____
Email: _____	One time gift \$ _____

*To give by credit/debit card, please submit your card information below.*

Credit Card # \_\_\_\_\_ Card Type Visa, MC, Disc, AmerExp

Expiration date \_\_\_\_\_ CVV Code *(last 3 digits on back of card, AMX has 4 digits)* \_\_\_\_\_

Billing address *(if different than above)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Monthly or One Time (circle one)

<b>Make Checks Payable to PMF</b> Return this donation card and your gift to: <b>PMF</b> <b>P.O. Box 907</b> <b>Madera, Ca. 93639</b>	Panama Mission Foundation is a non-profit 501(c)(3) organization. All gifts are tax deductible. PMF is non-denominational. Visit our website, <b>www.PanamaMission.org</b>
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