

# Donation Form (One-Time or Automatic by EFT)

**One-Time Donations:** You can use this form to make a one-time gift charged to your credit card or deducted from your bank account, or use it to send in a one-time check or monthly checks.

**Automatic Monthly EFT Donations:** The University of the Nations Kona's EFT automatic electronic monthly giving plan can save you time, money, and energy. Once you sign up for automatic monthly giving, you no longer need to write a check or fill out a credit card form each month. There will be no more stamps to buy or return envelopes to deal with. You also have the assurance your gift will arrive safely without the hassles of dealing with the postal service.

Each month, your gift can be deducted from your United States checking or savings account or charged to your credit card automatically. If you have any questions about the process, or to increase, decrease or end monthly gifts at any time, you may call us at (808) 326-4428, or email us at [donorprocessing@uofnkona.edu](mailto:donorprocessing@uofnkona.edu). Our office hours are Monday through Friday, 10:00am to 4:30pm Hawaii Standard Time.



Please print legibly:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Automatic electronically deducted monthly gift (fill in right side of form) of  
\$ \_\_\_\_\_ for Jordan & Kendra Norris #5344  
(Name & Fund Number of missionary)

**AND/OR...**

One-Time gift or a donor sent in monthly gift of  
\$ \_\_\_\_\_ for Jordan & Kendra Norris #5344  
(Name & Fund Number of missionary)

I would like to go paperless (check box to the left).  
Please email my receipts to the email address written above.

**Please make one-time gift checks payable to:**

**University of the Nations Kona**

(Please do not write the missionaries name on the check itself.)

To donate, please fill out this form and fax, e-mail, or mail it to:



**University of the Nations Kona**

75-5851 Kuakini Hwy #256 • Kailua Kona, HI 96740

Phone: (808) 326-4428 • Fax (808) 326-4490

Email: [donorprocessing@uofnkona.edu](mailto:donorprocessing@uofnkona.edu)

## Give by Credit Card:

Credit Cards Accepted: 

(We can **not** accept Debit Cards or Pre-Paid credit cards even with a credit card logo.)  
Missionaries will lose a 3% credit card fee from donation. See preferred method below.

Please charge my credit card.

Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ 3 or 4 digit Security Code: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I hereby authorize University of the Nations Kona to initiate debits from my account as indicated above. If I have requested donations to be charged monthly, I understand my donations will be deducted from my credit card between the 15<sup>th</sup> and 20<sup>th</sup> of each month until such time as University of the Nations Kona receives additional instructions from me.

Signature: \_\_\_\_\_

OR...

## Give by Debiting a United States Checking or Savings Account:

Please debit my bank account (a voided check is enclosed/attached).

Name of Bank: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type (Circle One):    Checking    Savings

Today's Date: \_\_\_\_\_

I authorize University of the Nations Kona to electronically debit my account at the depository financial institution named above. I agree ACH transactions I authorize comply with all applicable law. I understand this authorization will remain in full force and effect until I notify University of the Nations Kona that I wish to revoke or change this authorization. If I have requested donations to be charged monthly, I understand my donations will be deducted from my bank account between the 15<sup>th</sup> and 20<sup>th</sup> of each month.

Signature: \_\_\_\_\_

(This form **MUST** be signed before we can process your donation)