



P.O. Box 4005
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337.602.6018
contact@susannehughes.org
www.susannehughes.org

CONTRIBUTION OPTIONS

(Please complete and return this form for all contributions.)

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

I. BANK DRAFT

CONSUMER NAME (S) _____

I (we) hereby authorize Mirror Ministries, Inc., hereinafter called COMPANY, to initiate debt entries to my (our) checking account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT / ABA NO. _____ ACCOUNT NO. _____

AMOUNT _____ WITHDRAWAL DATE ___ 1st of the month ___ 15th of month

DEDICATE TO ___ General Fund ___ Counseling Scholarship Fund

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CONSUMER NAME (S) _____
(PLEASE PRINT)

SIGNED _____ DATE _____

SIGNED _____ DATE _____

II. AUTOMATIC RECURRING MONTHLY GIVING THROUGH PAYPAL

Visit www.paypal.com and set up your automatic recurring monthly donation.

_____ I have set up a recurring payment in the amount of \$ _____.

_____ I have made a donation via PayPal in the amount of \$ _____.

Please see reverse side for additional options

III. PAYPAL GIVING FUND - PayPal will add 1% to your donation when you give through PayPal Giving Fund. PayPal Giving Fund is not yet designed for automatic recurring payments. Visit www.paypal.com/givingfund. Select the “Donors” tab. Select “Find Your Cause”. Enter “Mirror Ministries, Inc. (Louisiana)”. Be sure to select the entry with the ministry logo. Select “Donate” and enter your donation amount.

_____ You can count on me to donate \$ _____ monthly through PayPal Giving Fund.

_____ I have made a donation in the amount of \$ _____.

III. CREDIT CARD DONATION

Visit www.susannehughes.org to contribute using your credit card.

_____ You can count on me to contribute \$ _____ monthly via my credit card

_____ I have made an on-line donation in the amount of \$ _____.

IV. CHECK

_____ You can count on me to contribute \$ _____ monthly via a check mailed to Mirror Ministries P.O. Box 4005, Lake Charles, LA 70606..

_____ I have enclosed a donation in the amount of \$ _____.

Please know that in whatever form you choose to donate, your generosity is deeply appreciated. This ministry cannot exist without our amazing donors. Thank you for being a part of what God is doing in and through Mirror Ministries!

Mirror Ministries is a 501 c 3 corporation. All contributions are tax-deductible.