



# One Challenge

OC INTERNATIONAL MINISTRIES

*Transforming Nations ... Together*

## PERSONAL INFORMATION

Please fill out this section if giving by check, EFT, or credit card.

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

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

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

UGD0117

## Online

Give via debit/credit card at: [OneChallenge.org/give](https://OneChallenge.org/give).

Mailing this card is not necessary with this option.

## Check

Worker: \_\_\_\_\_ Amt \$ \_\_\_\_\_

Please make checks payable to: **One Challenge**

Mail to: PO Box 36900, Colorado Springs, CO 80936

Questions to: [DonorRelations@oci.org](mailto:DonorRelations@oci.org) or call: **719.592.9292**



*Contributions are solicited with the understanding that One Challenge has complete control and discretion over the use of all donated funds. This is to insure that your gift is fully tax-deductible under IRS rulings.*

## Recurring Monthly Automatic Bank Transfer (EFT)

This is a safe way to contribute, **free of any charges**, and requiring minimal administrative processing. To set this up, fill out the front and this section and send it in **along with a voided check**.

Worker: \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_

Please make transfer on the  15<sup>th</sup> or  30<sup>th</sup> of each the month.

I authorize an EFT (Electronic Fund Transfer) from my bank account each month. This authorization will remain in effect until I notify One Challenge that I wish to discontinue, which I may do at any time.

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

Include this slip with your next support check.  
*(Your check gives us the necessary banking information for this service.)*

## Recurring Monthly Credit Card Transfer

To set this up, please fill out the front and this section and mail it to OC. Or go to [www.OneChallenge.org/give](http://www.OneChallenge.org/give), and fill out the online form. Credit card donations cost OC a **3.5% bank processing fee**.



Worker: \_\_\_\_\_ Amt \$ \_\_\_\_\_

\$ \_\_\_\_\_ one time gift.

\$ \_\_\_\_\_ once per month,  1<sup>st</sup> or  15<sup>th</sup> of the month.

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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