



**Zion Evangelical Ministries of Africa**

PO Box 727  
Zion, IL 60099  
847-872-7363

**EFT/Credit Card**

New or Updated  
Information

_____
<i>First and Last Name</i>
_____
<i>Address</i>
_____
<i>Address</i>
_____
<i>City, State, Zip Code</i>
_____
<i>e-mail address</i>

Donor Account # \_\_\_\_\_  
*If known*

**OR Register Online –**  
[www.zema.org/donate.html](http://www.zema.org/donate.html)  
 Click on 'Give securely online' then 'Register'

I/We request my bank or credit card be debited in the amount of \$ \_\_\_\_\_ each **month / quarter / year**  
*Circle One*

until further notice. I understand that I am in full control of my donation and I may make changes anytime by contacting this organization. I prefer the debit to take place on the **4<sup>th</sup> or 15<sup>th</sup>** of the month.  
*Circle One*

I would like this to begin \_\_\_\_\_ .  
*Month Year*

I/We would like to support the ministry of \_\_\_\_\_ .  
*Specific Missionary Support, General Fund, Short-Term or Special Project*

**Please debit (check one):**

Credit Card VISA or Mastercard

Name on Card: \_\_\_\_\_

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

Exp.Date : \_\_\_\_\_ / \_\_\_\_\_

Bank Account (a voided check or savings deposit ticket must be attached to process)

Routing Number : \_\_\_\_\_

Account Number: \_\_\_\_\_

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

**Comments may be made on the back of this page.**