



Donation Form (one-time or monthly)

Thank you for your interest in University of the Nations, Kona and Youth With a Mission. Use this form to make a donation toward one of our many ministries or missionaries. Gifts are tax-deductible as provided under Section 170 of the Internal Revenue Code. As required by law, University of the Nations, Kona has complete control over donated funds.

Thank you for your gift! If we can help you in any way, please contact us. Our office hours are Monday through Friday, 9:30am to 3:30pm, Hawaii Standard Time (two to six hours behind mainland times).



Please Print Donor's Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____ Email my receipts

Missionary/Ministry Information:

Name of Missionary or Ministry: Stephen L Ward JR Fund Number: 6803

\$ _____ One-time gift **and/or** \$ _____ Automatic Monthly gift

For Check Donations: Make check or money order payable to: **University of the Nations, Kona** and mail with this form to the address below. Please **DO NOT** write the missionary or ministry name or number on the check itself.

Give by Debiting a U.S. Checking or Savings Account

Please debit my bank account. A voided check is enclosed or attached.

Name of Bank: _____

Routing #: _____

Account #: _____

Account Type: Checking Savings

I hereby authorize University of the Nations Kona to electronically debit my account at the depository financial institution named above. I agree that ACH transactions I authorize comply with all applicable law. If I have requested donations to be charged monthly, I understand my donation will be deducted from my account between the 15th and 20th of each month until such time as University of the Nations Kona receives additional instructions from me. I also understand that UofN Kona has complete control over the use of the donated funds. Funds will be dispersed only to approved UofN Kona programs and volunteers involved in these programs.

Today's Date: _____ Signature: _____

For Credit/Debit Card Donations:

Please charge my card. I understand an additional fee of 2.6% will be deducted from the amount the missionary or ministry receives. I understand my mailing address listed above is the same as the billing address for this credit/debit card.

Name as it appears on card: _____

Card #: _____

Expiration Date: _____ Security Code: _____

I hereby authorize University of the Nations Kona to initiate charges to my account as indicated above. If I have requested donations to be charged monthly, I understand my donation will be charged from my credit/debit card between the 15th and 20th of each month until such time as University of the Nations Kona receives additional instructions from me. I also understand that UofN Kona has complete control over the use of the donated funds. Funds will be dispersed only to approved UofN Kona programs and volunteers involved in these programs.

Today's Date: _____ Signature: _____