2102 SW 47th Street
Cape Coral, FL 33914-6739
518-229-1081
Email: gsi@GlobalServeint.org
www.globalserveint.org

GSI

Credit Card & EFT Information Form

Name　_____

Address　_____

　_____

Email Address　_____

Telephone Number　_____

Credit Card Information

Card Number　_____

Expiration Date　_____　Security Code_____

Do you wish to cover the 3.5% credit card service fee associated with your donation?
Yes　　　　　No

Credit Card Donations are charged each Monday of the month. Please select charge date.

1st Monday　　　2nd Monday　　　3rd Monday　　　4th Monday

One Time Only - Processed on Thursday

Bank Account Information

Bank Name　_____

Routing #　_____

Account #　_____

EFT's are processed each Monday of the month. Please select deduction date

First Monday　　　2nd Monday　　　3rd Monday　　　4th Monday

One Time Only - Processed on Thursday

GSI Member you are supporting_____　Amount: _____

Change current amount to _____

Signature _____　　　Date _____