



Pre-Authorized Payment Authorization

Name(s) _____

Address _____

City _____ Prov/State _____

Postal/Zip Code _____ Phone (____) _____

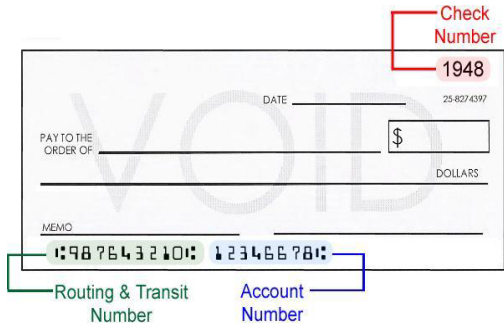
Email _____

I (we) authorize MissionGO to process a debit, in paper, electronic or other form in the amount of \$_____ from my (our) account on the 1st or 15th (circle one) of each month beginning _____ (date).

Signature _____ Date _____

Signature _____ Date _____

*** I would like my (our) donation to be credited to: Samoutou Congo
Name of Missionary, project or country



Please return this form along with a voided check to:

*MissionGO - USA
PO Box 2010
Buffalo, NY 14231
or
MissionGO - Canada
PO Box 1210
St. Catharines, ON L2R 7A7*