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## 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 \_\_\_\_\_