



Payment Form

As a member/friend of Kinship, I recognize the importance of providing a safe spiritual and social community to LGBTI (lesbian, gay, bisexual, transgender, and intersex) current and former Seventh-day Adventists. Please accept my gift as indicated below.

Today's Date _____

Gift Designation (when selecting more than one, please indicate amount or percentage of each):

- Please use my gift where it is most needed (recommended) _____
- Connection* _____
- Safe Places* _____
- Kinship Kampmeeting _____
- International support (specify country) _____
- Regional support (specify region) _____
- Kinship Women _____
- Kinship Youth _____

One-time Gift

I would like to give a one-time gift of \$_____.

Time Payments

I would like to give systemically by pledging \$_____

To be paid: monthly quarterly annually

Beginning on (date)_____ and continuing for _____ payments or until (date)_____.

Payment Method

I am attaching my payment to this form.

I will mail in a check or money order made payable to **SDA Kinship** by (date)_____.

Please charge my (select one): Visa MasterCard

Card # - - - Exp. Date /

Signature (required for credit card transactions)_____

Contact Information (please print)

Name* _____ Country _____

Billing Address** _____

City _____ State/Province _____ Postal Code _____

Phone*** (_____) _____ Email address _____

*as it appears on your credit card

**where you get your credit card bill

***phone number required for credit card transactions

You may mail your check or credit card information to **SDA Kinship Int'l, PO Box 244, Orinda, CA 94563, U.S.A.** Or you may give online at <http://sdakinship.org/> (click the Donate button at the top)