



**Network of International Christian Schools  
Oasis International Schools  
AUTOMATIC DONATION SERVICE**

<b>For NICS Office Use:</b>
Donor # _____
Bank ID # _____
<input type="checkbox"/> PCN
<input type="checkbox"/> XLS
<input type="checkbox"/> Bank
<input type="checkbox"/> Bank
<input type="checkbox"/> Recurr Batch
<input type="checkbox"/> Letter

Network of International Christian Schools/Oasis International Schools, Inc. (NICS/Oasis) offers a convenient way for you to make your monthly donations. Your donation can be automatically deducted from your bank account and forwarded to NICS/Oasis. **To sign up, simply complete this form and return it to NICS/Oasis.** Please note, all information that you disclose will be used for NICS/Oasis purposes and will never be shared or sold.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Amount of Monthly Donation \$ \_\_\_\_\_

Please deduct from my **Bank Account**    ( Checking    or     Savings)    **\*\*Attach a Voided Check\*\***

Account Routing Number (9 digits)	Account Number

Please deduct from my **Credit Card**     Visa     Mastercard     AMEX     Discover

Credit Card Number	Expiration Date	3 Digit Security Code

I would like my donation taken out of my account every month on the (circle one):    5<sup>th</sup>    15<sup>th</sup>    25<sup>th</sup>

Please begin taking my donation out of my account on (date): \_\_\_\_\_

**\*\*Automatic donations will stop 2 months after missionary returns from the field, OR within 5 days of receiving notification from you to stop future donations.**

**The NICS/Oasis Project or Ministry that I prefer my donation be used or designated for:**

- Missionary or School Project (Please list name and/or project number)  
\_\_\_\_\_
- NICS/Oasis Seed Fund ~ Helping To Start New Schools
- NICS/Oasis Home Office Operations

*I hereby authorize the financial institution I have indicated to deduct money from the account I have specified for the monthly donation amount indicated above. These funds will be forwarded to NICS/Oasis. I agree that each deduction to my account shall be the same as if I had signed a check. This authority will remain in effect until I notify NICS/Oasis. I understand that NICS/Oasis reserves the right to terminate this donation payment plan and/or my participation therein at any time.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Please mail completed form and a voided check to:**  
NICS/Oasis  
Attn: Finance Department  
3790 Goodman Road E.  
Southaven, MS 38672

<p align="center"><b>Questions?</b></p> <p>Call: 1-800-887-6427 (ext. 308 or 332)</p> <p>E-mail: <a href="mailto:donnalacroix@nics.org">donnalacroix@nics.org</a> <a href="mailto:kimponder@nics.org">kimponder@nics.org</a></p>
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