

Yes! I would like to make a monthly gift.

- \$ 25 a month \$ 50 a month
 \$ 100 a month \$ 200 a month
 Other (\$ _____ a month)

Yes! I would like to make a one-time gift of \$_____.

Payment Method

- Please charge my credit card.
 Visa MasterCard Other _____
- Please debit my bank account monthly.
Canceled check enclosed.
- Cash or check enclosed.

*You can also donate online through our website:
www.biblehawaii.org*



Bible Institute of Hawaii

2345 Nuuanu Ave.
Honolulu, HI 96817
Tel: (808) 595-4700
E-Mail: info@biblehawaii.org

Name _____ Daytime Phone _____

_____ \$ _____
Email _____ Amount _____

For Credit Card Donations:

Card Number _____ Exp. Date _____

Security Code _____ Signature _____
(last 3 digits on back)

- Monthly Donation One-Time Donation

All gifts are tax-deductible.

Thank You!