



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

For NICS Office Use:	
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): 5th 15th 25th

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 _____



*A higher standard.
A higher purpose.*

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

Questions?
Call: 1-800-887-6427 (ext. 308 or 332)
E-mail: donnalacroix@nics.org audradickerson@nics.org