



PO Box 8585 • Harrisburg, PA 17105-8585  
717-774-7000 • www.abwe.org

## WE WISH TO SUPPORT. . .

MISSIONARY/PROJECT NAME: \_\_\_\_\_

MINISTRY ID (IF KNOWN): \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL RECEIPT? ☐ YES ☐ NO

### Gift Amount

☐ Monthly \$ \_\_\_\_\_

☐ Monthly (Auto)\* \$ \_\_\_\_\_

☐ Quarterly \$ \_\_\_\_\_

☐ Annually \$ \_\_\_\_\_

☐ One Time \$ \_\_\_\_\_

Support will begin \_\_\_\_\_ Date

**Please make checks payable to ABWE**

**\* If you are enrolling in our Automatic Support Program, please complete the signup section below.\***

Automatic Support Program Signup	Receipt Preference
<p>Amount: \$ _____ Month to Begin: _____</p> <p><b>Automatic Withdrawal:</b> (missionary acct. incurs no charge)</p> <p>Date of monthly transfer: <input type="checkbox"/> 7th <input type="checkbox"/> 22nd</p> <p><input type="checkbox"/> Checking - attach a voided check</p> <p><input type="checkbox"/> Savings - attach a voided deposit slip AND check</p> <p>If check/deposit slips are not available, please provide bank routing number and bank account number in space below:</p> <p>Routing number _____ Account number _____</p> <p><b>OR</b></p> <p><b>Credit/Debit Card:</b> (missionary acct. incurs 3% processing charge)</p> <p>Processed on 15th of each month</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</p> <p>Card #: _____ - _____ - _____ - _____</p> <p>Exp date: ____/____/____ Name: _____</p> <p><b>Authorized Signature:</b> _____</p> <p>Please allow up to 4 weeks for your automatic support to take effect. A confirmation will be sent after the automatic support has been entered.</p>	<p>* Receipts are issued after each gift is processed *</p> <p>* An End-of-Year Giving Report will be mailed to all donors *</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Email _____</p> <p><input type="checkbox"/> No receipts</p>
	Comments/Questions
	In keeping with legal and tax requirements, donors acknowledge that gifts to ABWE are subject to the control of ABWE Foundation, Inc's board and its policies, including variance power.

**Please mail completed form to the following address:**

**ABWE Missionary Finance  
PO Box 8585  
Harrisburg PA 17105-8585**