

SUPPORT FOR:

Missionary/Project Name: _____ Amount: \$ _____

Missionary ID (if known): _____

YOUR CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone: _____

Email: _____

METHOD OF GIVING:

SELECT ONE:

Check Enclosed

Monthly

Annually

Give Later - Start Date: ____ / ____ / ____

Quarterly

Single Donation

Make checks payable to ABWE and mail to:

ABWE Donor Services
PO BOX 8585
Harrisburg PA 17105

Monthly Automatic Support Signup: Amount: \$ _____ Month to Begin: _____

Bank Withdrawal:

Date of monthly withdrawal: 7th 22nd

Checking

Savings

Routing number

Account number

Credit or Debit Card:

Processed on 15th of each month

VISA / MasterCard / Discover / AMEX accepted

Card #: _____ - _____ - _____ - _____

Exp date: ____ / ____ Name: _____

A confirmation will be sent after the automatic support has been set up.

