



PO Box 8585 • Harrisburg, PA 17105-8585
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WE WISH TO SUPPORT. . .

MISSIONARY/PROJECT NAME: Carl and Lois Sexton

MINISTRY ID (IF KNOWN): 117103

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>Automatic Withdrawal: (missionary acct. incurs no charge) Date of monthly transfer: <input type="checkbox"/> 7th <input type="checkbox"/> 22nd <input type="checkbox"/> Checking - attach a voided check <input type="checkbox"/> Savings - attach a voided deposit slip AND check If check/deposit slips are not available, please provide bank routing number and bank account number in space below: Routing number _____ Account number _____</p> <p style="text-align: center;">OR</p> <p>Credit/Debit Card: (missionary acct. incurs 3% processing charge) Processed on 15th of each month <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Card #: _____ - _____ - _____ - _____ Exp date: ____/____/____ Name: _____</p> <p>Authorized Signature: _____ 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 style="text-align: center;">* Receipts are issued after each gift is processed *</p> <p style="text-align: center;">* 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**