



PO Box 8585
Harrisburg PA 17105-8585

SUPPORT COMMITMENT FOR:

Missionary/Project Name: _____

Ministry ID (if known): _____

Monthly \$ _____

Monthly* \$ _____

Quarterly \$ _____

Annually \$ _____

One Time \$ _____

Support will begin:

(date) _____

Donor Contact Information:

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____

Email: _____

Please make checks payable to ABWE .

**** If you are enrolling in our Automatic Support Program, please visit us at www.abwe.org/give Or complete the signup section below.***

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.

Automatic Support Program Signup

Amount: \$ _____ Month to Begin: _____

Automatic Withdrawal: (missionary acct. incurs no charge)

Date of monthly transfer: 7th 22nd

Checking Savings

Routing number

Account number

Credit or Debit Card: (missionary acct. incurs 3% processing charge)

Processed on 15th of each month

VISA MasterCard AMEX Discover

Card #: _____ - _____ - _____ - _____

Exp date: ____/____ Name: _____

Authorized Signature: _____

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

Receipts

- ◆ Receipts are issued after each gift is processed.
- ◆ If you have questions regarding your receipt, please contact Donor Services.
- ◆ An Annual Giving Summary is provided to all donors.

To contact Donor Services please call 1.800.901.2293 or email us at donorhelp@abwe.org

Comments/Questions

Please mail completed form to the following address:

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