

**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:** (missionary acct. incurs no charge)

Date of monthly withdrawal:  7th  22nd

Checking

Savings

\_\_\_\_\_  
Routing number

\_\_\_\_\_  
Account number

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

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.

