

Ministry Support for:

- General Fund \$ _____
- Reunite a Family \$ _____
- Kitanda Project \$ _____
- Jonathan & Andrea Dowell \$ _____
- Blake & Esther Gibbs \$ _____
- Chris & Tammy Page \$ _____
- Steve & Dianne Warn \$ _____
- Mike & Karen Herscowitz \$ _____

Total \$ _____

Payment Type:

- Check
- Money Order

Please make payable to:

Agape Children's Ministry
PO Box 5062
Modesto, CA 95352-5062

- Credit Card
 - Visa
 - Mastercard

See reverse for Credit Card Information or to set up Automatic Payments.

Can we pray for you? Please let us know how we can help you.



Mailing Address:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

E-mail Address: _____

Yes! I would like to receive newsletters by e-mail.

Save a stamp. Donate online: agapechildren.org

Automatic Bank Debit (ACH)

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No. _____ Account No. _____

Please deduct \$_____ monthly on 5th / 20th (circle one) Effective date: _____

****Please include a check marked VOID with this completed form****

I/we hereby authorize Agape Children's Ministry to initiate charges and to initiate, if necessary, adjustment entries for any errors to my/our bank account listed here. This authority will remain in force and effect until Agape Children's Ministry has received written notification from me/or either of us, of its termination in such time and in such manner as to afford Agape Children's Ministry a reasonable opportunity to act on it.

(Authorized Signature)

(Date)

It is Agape Children's Ministry's policy to endeavor to abide by Donor intent or designated preference as to how a contribution will be utilized. In accordance with IRS Regulations, Agape Board of Directors has final control and discretion in how all non-restricted funds are used in pursuit of Agape's established tax exempt purpose.

Debit/Credit Card Authorization

Visa Mastercard

Name on Card: _____

Number: _____ - _____ - _____

Exp. Date: _____ / _____ V Code: _____

Billing Zip

Code: _____

Please deduct a one time gift of \$ _____

Please deduct: \$ _____ monthly

Monthly on the 5th or 20th (circle one)

For _____ months

Until I contact you to discontinue

Effective date: _____