

**Ministry Support for:**

- General Fund \$ \_\_\_\_\_
- Reunite a Family \$ \_\_\_\_\_
- Kitanda Project \$ \_\_\_\_\_
- Jonathan & Andrea Dowell \$ \_\_\_\_\_
- Chris & Tammy Page \$ \_\_\_\_\_
- Mike & Karen Herscowitz \$ \_\_\_\_\_
- Ryan & Tamarah McIntire \$ \_\_\_\_\_

**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.*



**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](http://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: \_\_\_\_\_