

AUTOMATED DONATION FORM



I want to share in the ministry of Word Made Flesh with my monthly tax-deductible gift.

GENERAL FUND

\$ _____ / month

FIELD SUPPORT

Field: _____

\$ _____ / month

STAFF SUPPORT

Staff name: _____

\$ _____ / month

I would like my contribution deducted from my checking account on the:

1st of the month

15th of the month

The first deduction should be made from my checking account in the month of:

JANUARY **FEBRUARY** **MARCH** **APRIL** **MAY** **JUNE** **JULY**

AUGUST **SEPTEMBER** **OCTOBER** **NOVEMBER** **DECEMBER**

I have included a voided check from my bank.

TERMS OF AGREEMENT

I, _____, agree to the following:

- By sending a voided check, I agree that the check testifies to my intention to contribute funds to WMF on a monthly basis.
- If there is any problem directly related to the automated donation, a WMF staff member may contact me at the following phone number: _____ or email: _____.
- I understand that if I decide to stop my automated donation, I must submit this intent in writing to info@wordmadeflesh.org at least 5 business days before the next automated donation would normally occur.

Signature: _____

Date: _____