

# Donation Form

To make a donation to International Messengers by mail, please complete the appropriate areas in the form below. After completion, please mail to **International Messengers, P.O. Box 618, Clear Lake, IA 50428-0618.**

*International Messengers is a 501(c)3 ministry funded entirely by gifts from individuals and local congregations. All gifts are tax deductible and are gratefully acknowledged.*



## 1 Contact Information

Name \_\_\_\_\_ Phone # – Type:  Home  Cell  Work  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ E-mail \_\_\_\_\_

## 2 Donation Method

I will mail donations by check.

*Skip Part 3 & fill out Part 4*

I want to enroll in Automatic Monthly Donations.

*Fill out Part 3 and Part 4*

## 3 Automatic Monthly Donation Terms of Agreement

Thank you for interest in Automatic Monthly Donations. This is a convenient way to make monthly donations. Instead of

sending a check by mail, your donation is automatically deducted from your bank account each month (no charge to you). If later you want to make a change in the amount given or to stop this monthly deduction, simply send us a written request of your desire (changes will be implemented as quickly as reasonably possible). If you have any questions, please call 1-800-243-6763 or e-mail [accounting@im-usa.org](mailto:accounting@im-usa.org).

*To start your monthly automatic donation, please fill out the form below and return it with a voided check to our accounting department: **International Messengers, Accounting Department, P.O. Box 618, Clear Lake, IA 50428-0618***

If you know your banking information you may enter it below instead of attaching a voided check:

Routing # \_\_\_\_\_ Account # \_\_\_\_\_ Select one:  Checking  Savings

I (We) authorize International Messengers (IM) to transfer from my (our) account each month the amount indicated below. This agreement will remain in effect until I (we) send a written request to IM asking them to change or end this agreement, and they have had a reasonable time to act upon it.

Please transfer my donation on the  7th or  24th of each month. *A receipt from IM will be mailed at year-end.*

Desired start date for donations: \_\_\_\_\_

If no date is given, this request will be implemented at the earliest possible time.

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Signature (Primary Owner)

Signature (Joint Owner, if any)

## 4 Donation Information

Please indicate the missionary, ministry or special project that you prefer your donation support:

**Is this a one-time gift or a monthly donation?**

One-time  Monthly

Missionary or Ministry

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount

\$	
\$	
\$	
\$	
\$	
\$	

**Total Amount of Gift (USD)**

\$	
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*(If you need more room, continue on back of form)*

Office Use Only	Mbr # _____	Start _____
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