

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.

*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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