

SUPPORT FOR:

Missionary/Project Name: Patrick and Michele Reed Amount: \$ _____
Missionary ID (if known): 0170501

YOUR CONTACT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Email: _____

METHOD OF GIVING:

- Give Now - Check Enclosed**
(Make checks payable to ABWE and mail to: ABWE Donor Services | PO BOX 8585 | Harrisburg PA 17105)
-
- Give Later / Support Commitment** Monthly Annually
Start Date: ___ / ___ / ___ Quarterly Single Donation
-
- Automatic Monthly Giving** - Start Date: _____
(Month) (Year)
ABWE will send you confirmation of your enrollment in this program

BANK DETAILS: (for Give Later and Monthly Automatic Withdrawal Options)

Bank Withdrawal:
Date of monthly withdrawal: 7th 22nd
 Checking
 Savings

Routing number Account number

Credit or Debit Card:
Processed on 15th of each month
VISA / MasterCard / Discover / AMEX accepted
Card #: _____-_____-_____-_____
Exp date: ___ / ___ Name: _____

