



Intention to Support

We wish to support **Jason & Michele Maynard** Id# **0133391**

Your Name _____

Address _____

Phone _____ E-mail _____

Amount of support by check:

Monthly \$ _____

Quarterly \$ _____

Annually \$ _____

Other \$ _____

Our support will begin _____

Sign up for ABWE's Automatic Support Program

I authorize automatic debits on my/our or church:

checking acct # _____

savings acct # _____

Amount of approved debit: \$ _____ to be

taken on the 7th or 22nd of each month (check one).

Please Note: We must have a voided check to process your request. We will notify you of the date your automatic support payment will begin.

X _____

(Authorized Signature required)

(Signature)

(Date)

Please mail, fax or email this form to:

ABWE
 Attn: Missionary Finance
 P. O. Box 8585
 Harrisburg, PA 17105-8585
 Phone: (717) 774-7000 Fax: (717) 774-1919
 email: missfin@abwe.org

There is nothing binding in this statement. This information is used by ABWE to evaluate the missionary's account before clearance is given to go to the field.