

## **e. SUSTAINER GIVING FORM**

### ***Loving His Children; Building His Church***

Allow the Children Ministries is very grateful for the sponsors and donors who partner with us in this ministry work. 100% of gifts to children or projects go to their field. However, there are many costs involved in sending bank wires, government compliance and getting your tax receipt to you.



Please consider adding some amount to your gift for the office/Administration Fund. Credit card donations are welcome and appreciated, however, due to the processing costs associated with using a credit card, use of checking or savings accounts is preferable.

---

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

---

I'd like to make a \_\_\_\_\_ One-Time Gift \_\_\_\_\_ Monthly Gift \_\_\_\_\_ Quarterly Gift \_\_\_\_\_ Annual Gift

On the \_\_\_\_\_<sup>5</sup><sup>th</sup> of the month **OR** \_\_\_\_\_<sup>20</sup><sup>th</sup> of the month

Date you wish your Recurring Donation to start: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/yyyy)

---

#### **Please apply my gift to:**

\$ _____ My Sponsored Child(ren)	\$ _____ Where Needed Most
\$ _____ New Sponsorship – specify Child ID _____	\$ _____ Office/Administration
\$ _____ Allow Urgent Needs	\$ _____ Christmas Fund
\$ _____ Un-sponsored Child Fund	\$ _____ Nepal Ministry Fund
\$ _____ Michael and Sue Cook	\$ _____ Burundi Ministry Fund
\$ _____ Tamara Mock Aldrich	\$ _____ Bangladesh Ministry Fund
\$ _____ Govinda and Jamuna Awale	\$ _____ Guatemala Ministry Fund
\$ _____ Anand and Shanti Neupane	\$ _____ Nicaragua Ministry Fund
\$ _____ Jannah Navarro	\$ _____ Haiti Ministry Fund
\$ _____ Volunteer Travel – please specify name _____	
\$ _____ Special Project – please specify _____	

**Total Gift Amount \$ \_\_\_\_\_ (minimum \$20.00)**

---

#### **Please transfer my donation from my:**

\_\_\_\_\_ Checking Account [*Please attach a voided check*]

**- OR -**

\_\_\_\_\_ Credit Card Account    Credit Card Number \_\_\_\_\_    Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at [www.allowthechildren.org](http://www.allowthechildren.org) or by contacting Allow the Children Ministries by phone or mail. All donations provided to Allow The Children Ministries originating as ACH transactions comply with U.S. Law.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required)

---

*Please make a copy of this form for your records or you may request a copy from Allow the Children Ministries.*