

Restoring Health, Hope & Dignity

SUSTAINER GIVING FORM

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Telephone		Ema	il					
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I'd like to make a Monthly Gift	on the	1 st	5 th	10 th	_15 th	20 th	25^{th} of the month	
Start my recurring donation on:	/	/		(mm/dd/yyyy)				
In the amount of: \$50	\$100	\$250	\$500	\$1,000	\$2,500	\$	Other Amount	
Yes! I wish 100% of my donation donation.	amount to go t	o Internatio	onal Missionai	ry Foundation. I would	like to pay the p	processing fee a	associated with my	
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Please apply my gift to: Re	treat Mission	Fund	Internatio	onal Missionary Fund	The N	igerian Child	ren's Hospital	
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Hope Mission Circle Dignity Mis			sion Circle	Joanna Przybyla Mission Support				
Joseph Williams Mission Support			Parish-to-Parish Mission Fund			Medical Mission Fund		
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Comments:								
Please transfer my donation from m								
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- OR-								
Savings Account [Please attach **If using a deposit slip, ple						r bank.		
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Credit Card Account	CC Number	•			Ex,	piration Date	·/	
I understand my future donations will suspend my gift at any time through the phone or mail. All donations provided	ne online dona	tion form a	at <u>www.imfn</u>	nission.org or by conta	acting Internation	onal Missiona		
Signature	re					Date		

Please make a copy of this form for your records or you can request a copy from International Missionary Foundation: P.O. Box 81849 • Lincoln, NE 68501 • (970) 616-0670 • <u>info@imfmission.org</u> | <u>www.imfmission.org</u>