

World Gospel Mission Direct Contribution Plan



Monthly Contributions via EFT and Credit Card

Thank you for your faithful partnership in missions through your financial giving. World Gospel Mission would like to offer you some assistance with writing your monthly contribution check. Here are a couple of options that you might find helpful:

1. **You can have your monthly contributions automatically withdrawn** from your checking or savings account through Electronic Funds Transfer (EFT). This transaction happens between WGM and your bank.
2. **Your credit card can be billed monthly** (Visa, MasterCard, Discover, American Express) in the amount you specify.

To get started with either option, simply complete the Direct Contribution Plan enrollment form below and mail it to the following address or send it via fax to 765-671-7230 to the attention of Cheryl Bishir.

World Gospel Mission
 Attn: Cheryl Bishir
 P.O. Box 948
 Marion, IN 46952-0948

Choosing either one of these options will save you time, money, and postage. World Gospel Mission benefits, too, because it reduces our administrative costs, so thank you.

Note here for your records the monthly total you indicated on the form below: \$ _____

If at any time you want to make changes to your contribution or if you have questions, please contact Cheryl Bishir in Financial Services at 765-671-7258 or e-mail her at cheryl.bishir@wgm.org.

Detach and Mail

World Gospel Mission Direct Contribution Plan



Electronic Funds Transfer (EFT) Plan—Yes, I want to enroll in the electronic funds transfer plan. Please transfer from my: checking account savings account. **My voided check is enclosed.**

Credit Card Plan—Yes, I want to enroll in the credit card plan. Card Number: _____

Name as it appears on the card: _____ Expiration Date: _____ Month _____ Year

Terms of Agreement—My authorization to charge my account in the amount indicated at my bank or to my credit card shall be the same as if I had personally signed a check to WGM. My Direct Contribution Plan enrollment shall remain in effect until I notify WGM in writing that I wish to end this agreement, which I may do at any time.

Please apply my contribution to the WGM missionaries and/or projects listed below (attach additional sheet if needed).

_____ \$ _____ _____ \$ _____
 _____ \$ _____ **WGM General Fund** \$ _____

Monthly Total \$ _____

All transfers will be made on the 25th of each month beginning _____ (month) _____ (year).

I authorize a transfer to World Gospel Mission each month in the amount listed above.

Signature _____ E-mail _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____