



## The Maximum Ministry Plan

I authorize my financial institution to transfer the amount listed below from my account to Awana Clubs International each month. This authority will remain in effect until I provide written notice to cancel this agreement. I understand that all changes of status to this agreement take three to six weeks to be processed.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Daytime phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ (Your giving will be acknowledged by e-mail.)

**Please make monthly deductions from:** (choose option)

1.  Checking account

2.  Savings account

Name of Bank/Financial Institution and Address

Account Number \_\_\_\_\_

3.  Visa  MasterCard  Discover

Account Number \_\_\_\_\_ exp \_\_\_\_\_

Monthly withdrawal date  1st  15th

**Please use my contribution(s) for the following Awana ministry or ministries:**

Missionary: Tim & Sherry Thomas #288 Total Monthly Amount \$ \_\_\_\_\_

I understand and agree with the information on electronic funds transfers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your commitment to reaching and training kids for Christ. Please return this form **along with a voided check** from your checking account or a deposit slip from your savings account.

Our mailing address is:

**Accounting Department**

**Awana Clubs International**

**P.O. Box 987, Streamwood, IL 60107**