



PO Box 8585  
Harrisburg PA 17105-8585

### SUPPORT COMMITMENT FOR:

Missionary/Project Name: Greg & Rachel Vruggink

Ministry ID (if known): 0170163

Monthly \$ \_\_\_\_\_

Monthly\* \$ \_\_\_\_\_

Quarterly \$ \_\_\_\_\_

Annually \$ \_\_\_\_\_

One Time \$ \_\_\_\_\_

Support will begin:  
(date) \_\_\_\_\_

#### Donor Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***Please make checks payable to ABWE .***

***\* If you are enrolling in our Automatic Support Program, please visit us at [www.abwe.org/give](http://www.abwe.org/give) Or complete the signup section below.***

In keeping with legal and tax requirements, donors acknowledge that gifts to ABWE are subject to the control of ABWE Foundation, Inc's board and its policies, including variance power.

#### Automatic Support Program Signup

Amount: \$ \_\_\_\_\_ Month to Begin: \_\_\_\_\_

**Automatic Withdrawal:** (missionary acct. incurs no charge)

Date of monthly transfer:  7th  22nd

Checking  Savings

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

**Credit or Debit Card:** (missionary acct. incurs 3% processing charge)

Processed on 15th of each month

VISA  MasterCard  AMEX  Discover

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp date: \_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

A confirmation will be sent after the automatic support has been entered.

#### Receipts

- ◆ Receipts are issued after each gift is processed.
- ◆ If you have questions regarding your receipt, please contact Donor Services.
- ◆ An Annual Giving Summary is provided to all donors.

***To contact Donor Services please call 1.800.901.2293 or email us at [donorhelp@abwe.org](mailto:donorhelp@abwe.org)***

#### Comments/Questions

\_\_\_\_\_

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**Please mail completed form to the following address:**

**ABWE Missionary Finance  
PO Box 8585  
Harrisburg PA 17105-8585**