



SUPPORT FOR: Greg & Rachel Vrugink [0170161]

Name: _____

Address: _____

City: _____ St: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

METHOD OF GIVING:

- Check Enclosed
- Give Later - Start Date ____/____/____
- Monthly Automatic Support - complete the back of this form.

AMOUNT:

\$ _____

SELECT ONE:

- Monthly
- Annually
- Quarterly
- Single Donation

Please make checks payable to ABWE and mail to: ABWE Donor Services . PO Box 8585 . Harrisburg . PA . 17105-8585
To donate online, please visit us at abwe.org/give.

Monthly Automatic Support Signup

Amount: \$

Month to begin:

Bank Withdrawal:

Date of monthly withdrawal: 7th 22nd

Checking

Savings

Routing Number

Account Number

Credit or Debit Card (processed on 15th of each month):

VISA / MasterCard / Discover / American Express accepted

Card #: _____

Exp date: ____ / ____

Name on card: _____

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

ABWE is a 501 (c)(3) nonprofit organization. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for your donation. This contribution is made with the understanding that the donee has complete control and administration over the use of the donated funds.

