



**SUPPORT FOR: Greg & Rachel Vruggink [ 0170161 ]**

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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](http://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.**

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