



Intention to Support

Missionary Finance

We wish to support: _____ ID #: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Amount of support by check: \$ _____

Monthly

Quarterly

Annually

Our support will begin _____

(Signature)

(Date)

Please mail, fax or email this form to:
Rev. Glenn Priddy, Director of Missionary Finance
ASSOCIATION OF BAPTISTS FOR WORLD EVANGELISM, INC.
PO Box 8585
Harrisburg PA 17105-8585
Phone: (717) 774-7000
Fax: (717) 774-1919
Email: missionaryfinance@abwe.org

*The Intention to Support Form is a **non-binding commitment** which helps us evaluate our missionary's support level.*

Sign up for ABWE's Automatic Support Program

I authorize automatic debits on my/our or church:

Bank Name: _____

checking acct #: _____

Bank Address: _____

saving acct #: _____

Amount of approved debit: \$ _____ to be taken on the 7th or 22nd of each month (check one).

**Please note: We must have a voided check to process your request.
We will notify you of the date of your automatic support payment will begin.**

X _____
(authorized signature required)