

Al & Diane Mellinger Missionary Support

Print, fill in the form below and return it to Free Methodist World Missions P O Box 535002 Indianapolis, IN 46253-5002

Name _____

Address _____

City, State, Zip _____

E-mail _____

Phone _____

FM Church _____ Conference _____
If not FM Check Here _____

Instructions for Credit Card Donations

I authorize the Free Methodist World Missions to automatically charge my credit Card in the amount of \$ _____ beginning with _____ (month/year) and continuing (check one) ___ Monthly ___ Quarterly ___ Annually until I notify Free Methodist World Missions finance office to stop or for a specific time ending _____ (month/year). I understand I may cancel this arrangement at any time by contacting Free Methodist World Missions.
(circle one) VISA - Master Card - Discover - American Express

Card # _____ Expires: Mo _____ Yr _____

Signature _____ Date _____

Instructions for Electronic Funds Transfer (ETF)

I authorize the Free Methodist World Missions and my financial institution to automatically deduct \$ _____ (amount to be withdrawn) from the checking account as shown on my enclosed check, beginning with _____ (month/year) and continuing (check one) ___ Monthly ___ Quarterly ___ Annually until I notify Free Methodist World Missions finance office to stop or for a specific time ending _____ (month/year). I understand I may cancel this arrangement at any time by contacting Free Methodist World Missions.

Signature _____ Date _____