



AUTOMATIC CONTRIBUTION FORM

Electronic Funds Transfer (EFT) Service

If you wish to contribute monthly to the National Network of Youth Ministries, and prefer to have your gift automatically transferred from your bank account, we offer an EFT service. It is easy to set up and costs you nothing. Complete the form below and return it to us. Your first funds transfer will occur on the date you indicate on the form. After each transfer, you will receive a receipt of your tax-deductible gift, just as you would with any contribution.

Automatic Credit Card Billing

If you wish to contribute monthly, and prefer to have your gift automatically charged to your credit card, we can set this up for you at no charge. All you have to do is fill in the credit card information on the form below, sign the authorization, and return it to us. Your first automatic billing will occur on the date you indicate on the form. After each billing, you will receive a receipt of your tax-deductible gift, just as you would with any contribution.

TO SET UP AN AUTOMATIC CONTRIBUTION PLAN, PLEASE COMPLETE AND RETURN THIS FORM.

Name _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

- Please use my contribution for _____.
- Please use my contribution where most needed.

I want to contribute a monthly amount of \$ _____, starting ____/____ (mm/yy).

My contributions will come from (choose one):

<p>Electronic Funds Transfer (EFT) from my checking account</p> <p>Bank Name _____</p> <p>Transfer On: <input type="checkbox"/> 10th of month <input type="checkbox"/> 25th of month (Please include a voided check (not a deposit slip).)</p>

<p>Automatic Billing to my credit card</p> <p>Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MC <input type="checkbox"/> Visa</p> <p>Credit Card # _____</p> <p>Expiration Date ____/____</p> <p>Transfer: <input type="checkbox"/> 10th of month <input type="checkbox"/> 25th of month</p>
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I authorize an automatic EFT or Credit Card billing each month. This authorization shall remain in effect until I notify the National Network of Youth Ministries that I wish to end the arrangement, which I may do at any time by sending a note or calling NNYM.

Signature _____ Date _____

Mail or fax this form (and your voided check for EFT option) to:

Mail: NNYM, 12335 World Trade Drive, Suite 17, San Diego, CA 92128
Fax: 858-451-6900
Questions: 1-800-367-6696