

Evangelical Free Church of America

Advancement Services
901 East 78th Street
Minneapolis, MN 55420-1300
800/745-2202 or 952/853-8483

Thank you for your interest in our **Automatic Monthly Donations** charitable contribution program. By completing and returning this form, you will be on your way to establishing an easier and less costly way of making your gift to the EFCA. This notification to draft your account every month will remain in effect until we have received notification from you of its termination, and the EFCA has had reasonable opportunity to act on it. Your monthly bank statement will adequately describe this draft when it occurs. We will mail a year-end receipt for tax purposes.

I would like to make my gift on the

- 5th
- 20th

Thank you for furthering the mission of the EFCA movement with your monthly donation.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS

I (we) hereby authorize the EFCA to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account.

Missionary or Ministry	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Monthly Total	\$ _____



Signature

Signature

Name(s)

Address

City State Zip

Telephone

Email

**Please include your voided check
and mail this form to:**

EFCA
Attention: Donor Services
901 East 78th Street Minneapolis,
MN 55420-1300
952-853-8480