

# The Maximum Ministry Plan

I authorize my financial institution to transfer the amount listed below from my account to Awana Clubs International each month. This authority will remain in effect until I provide written notice to cancel this agreement. I understand that all changes of status to this agreement take three to six weeks to be processed.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Daytime phone (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

(Your giving will be acknowledged by e-mail.)

## Please make monthly deductions from: (choose option)

1.  Checking account

2.  Savings account

Name of Bank/Financial Institution and Address

\_\_\_\_\_

Account Number \_\_\_\_\_

3.  Visa     MasterCard     Discover

Account Number \_\_\_\_\_ exp \_\_\_\_\_

Monthly withdrawal date     1<sup>st</sup>     15<sup>th</sup>

## Please use my contribution(s) for the following Awana ministry or ministries:

Missionary (name) \_\_\_\_\_ \$ \_\_\_\_\_

Adopt-a-Club \_\_\_\_\_ \$ \_\_\_\_\_

International Missions projects \_\_\_\_\_ \$ \_\_\_\_\_

Where needed most \_\_\_\_\_ \$ \_\_\_\_\_

**Total monthly withdrawal** \_\_\_\_\_ \$ \_\_\_\_\_

I understand and agree with the information on electronic funds transfers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your commitment to reaching and training kids for Christ. Please return this form along with a voided check from your checking account or a deposit slip from your savings account. Our mailing address is:

**Accounting Department**  
**Awana Clubs International**  
**P.O. Box 987, Streamwood, IL 60107**