

# 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 \_\_\_\_\_ CSC Code: \_\_\_\_\_

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

**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**

**1 East Bode Road, Streamwood, IL 60107**