

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Home phone _____

E-mail address _____

Congregation (optional) _____

I would like to contribute a total of \$ _____ monthly
towards RMM's ministry.

Please use my contributions for the following RMM missionaries or
projects: 1. General Fund \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

I want to contribute from my:

Checking account (please enclose a voided, blank check)

Savings account (please enclose a savings deposit slip)

I want to transfer funds on the 10th / 25th of each month (circle one)

I want to begin my EFT contribution starting Month _____ Year _____

I want to continue my contributions

until I send written notice to RMM to discontinue

until Month _____ Year _____

I authorize Rosedale Mennonite Missions to process debit entries from
my account. This authority will remain in effect until I give notification to
terminate this authorization or until the last specified payment date.

Authorized signature on account:

_____ Date _____