

# I WANT TO SUPPORT RMM

Name:

Address:

City:  State:  Zip:

Phone:

Email:

*While every effort will be made to apply your gift according to your indicated preference, RMM has complete discretion and control over the use of donated funds.*



**Return to:**

Rosedale Mennonite Missions  
2120 E 5th Ave  
Columbus OH 43219

**I would like to support Rosedale Mennonite Missions by:**

- Praying  By receiving RMM's e-newsletter, the *Mosaic*
- One time contribution enclosed \$
- Ongoing financial support

**I will fulfill my pledge by:** *(Select one of the following)*

- Enrolling in RMM's Electronic Funds Transfer program  
*(Please complete the reverse side)*
- Mailing check *(Please make checks payable to RMM and note preference)*

**My support will begin in:**  Month  Year

**I will conclude my participation:**

- No end date. *(I will send notice to RMM when I want to conclude my participation)*
- When specific worker ends employment with RMM.
- On specific date:  Month  Year

**I will contribute:**  Monthly  Annually

# ELECTRONIC FUNDS TRANSFER

Submit the information below to enroll in RMM's EFT program or visit [eft.rmmweb.org](http://eft.rmmweb.org)

I would like to contribute \$  monthly\*

*\*Monthly is the only option for EFT contributions.*

Please use my contributions for the following RMM workers or projects:

1. Where support is most needed:

2. Worker:

3. Other:

Bank Name:

Bank Statement Account:

Bank Routing Number:

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 the month *(circle one)*

I want to begin my EFT starting:  Month  Year

I will conclude my participation in RMM's EFT program:

No end date. *(I will send notice to RMM when I want to conclude my participation)*

When specific worker ends employment with RMM.

On specific date:  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 of account:

date: