Amount of gift enclosed:

$ _____

☐ Please see account information on reverse to process my donation.

Account number:

Please use the enclosed gift for...

☐ International Teams' greatest needs

☐ Same as last gift(s)

☒ Other Chelsea Diefenbach 30US3019

Last Gift(s):

Prayer Requests:

Current email address:

Name and Address:

Visit **www.iteams.us/profile** to setup your profile or change your preferences.

— IF GIVING BY CHECK OR CREDIT CARD, PLEASE RETURN THIS PANEL WITH YOUR NEXT GIFT — THANK YOU! —

RECURRING MONTHLY OPTIONS:

I would like my gift of $ _____

beginning with the month of _____

ending on _____ (optional)

Please select **either EFT or Credit Card...**

For your convenience you can select one or more dates.

OPTION 1 —

☐ **EFT (Electronic Funds Transfer)**

transfer date(s): ☐ 7th ☐ 15th ☐ 21st ☐ 28th

select either checking or savings:

☐ **CHECKING ACCOUNT***

☐ **SAVINGS ACCOUNT***

* Please enclose a voided check from your financial institution that provides account and routing information (required for processing). If your financial institution does not have printed checks, go to www.iteams.org/give instead.

OPTION 2 —

☐ **CREDIT CARD**

transfer date: ☐ 10th ☐ 20th

☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Card number:

Exp. date: ☐☐ / ☐☐ (Month / Year)

CVV# (security code): ☐☐☐☐ (AMEX requires four)

All gifts provided to International Teams originating as ACH transactions comply with U.S. law.

Please sign below and indicate a billing address (if different from front)

NAME

E-MAIL

ADDRESS

CITY STATE ZIP

HOME PHONE DAY PHONE

I understand that gifts will be transferred directly from my account and that a record of each gift will appear on my statement.

SIGNATURE **(REQUIRED)**

TODAY'S DATE