



Click Yellow Pop-up for Instructions

Declaration of Intention for Support



PO Box 308011
Cleveland, OH 44130-8011
440.826.3930 • www.bmm.org

Dear Friends in Christ,

Without each of you who are dedicated to the support of missions, both by prayer and financial giving, it would be impossible to carry on a worldwide ministry. Because you have given, souls will be saved, Christians will be restored to fellowship, churches will be planted, and others will be called into full-time service. From our hearts we say a very sincere, "thank you." **—Rev. Steve Fulks, Administrator for Church Relations & Enlistment**

This declaration is not a binding contract. It is a statement of faith.

It will help Baptist Mid-Missions evaluate the missionary's account before clearance is given to go to their field of service.

Donor Information

Title(s) (check all applicable) Dr./ Rev./ Mr./ Mrs./ Miss/ Church/ Business/ Other _____

Name _____

Spouse's First Name (if applicable) _____ Street _____

City _____ State _____ ZIP _____

Phone _____ (for internal use only)

Support Information

Please skip to next section if utilizing our Pre-authorized (check-free) Support Plan

Missionary/Ministry/Project Name	Amount to be Given	Monthly	Quarterly	Other (annually, semi-annually, etc.)	Date to Begin Support
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	\$				
	\$				
	\$				

Signed: _____ Date: _____

Authorization for Pre-authorized (check-free) Support Plan

New Authorization
Add to Existing

This optional service is available for US banks accounts only. I (we) hereby authorize Baptist Mid-Missions to initiate debit entries, as indicated below, to my (our) bank account, information for which is also listed below. This authority is to remain in full force and effect until Baptist Mid-Missions and the Bank have received written notification from me (or either of us) of its termination in such a time as to afford Baptist Mid-Missions and the Bank a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to the Bank prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by the Bank up to 15 days following issuance of statement or 45 days after posting, whichever occurs first.

Bank Name _____ City _____ State _____

Check One: CHECKING, attach a voided check

SAVINGS, Routing # _____ Account # _____

Day of Monthly Transfer (please check one): 5th OR 20th Month to Begin _____

Missionary/Ministry/ Project Name	Project #	Amount to be Given (Monthly Support)	Missionary/Ministry/ Project Name	Project #	Amount to be Given (Monthly Support)

Total Monthly Gift

\$ _____

Authorized Signature _____

Date _____

When mailing this form, please send to: Attn: Church Relations Dept., Baptist Mid-Missions, PO Box 308011, Cleveland, OH 44130-8011.

Please Note: Contributions are solicited with the understanding that Baptist Mid-Missions has complete discretion and control over the use of all donated funds. Rev. 3-11