



Before filling out, please download the form onto your computer then click the yellow instruction icon.

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. From our hearts we say a very sincere, "thank you." —Travis Gravley, Administrator for Enlistment

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

It will help Baptist Mid-Missions evaluate the missionary's support level 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 _____ E-mail _____ Would you like e-receipts?

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
		√	√		
	\$				/ /
	\$				/ /
	\$				/ /

Signed: _____ Date: _____

Please make checks payable to Baptist Mid-Missions Foundation, Inc.

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

New Authorization Form
Add to Existing Form

This optional service is available for US banks accounts only. I (we) hereby authorize Baptist Mid-Missions Foundation 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 Foundation or 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 Foundation 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: Enlistment Dept., Baptist Mid-Missions, PO Box 308011, Cleveland, OH 44130-8011.

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