

MY COMMITMENT



I WANT TO HELP MISSION MISSISSIPPI CONTINUE
ENCOURAGING GRACE ACROSS RACIAL LINES SO
THAT COMMUNITIES THROUGHOUT MISSISSIPPI CAN
SEE PRACTICAL EVIDENCE OF THE GOSPEL MESSAGE

Enclosed is my gift of \$ _____

I want to partner with Mission Mississippi: \$2,500 \$5,000 \$10,000 \$20,000 +

I will make a monthly gift of \$ _____

Name _____ Church/Organization _____
(Please Print)

Address _____ City _____ State _____ Zip _____

Phone (C) _____ (O) _____ (H) _____

Email _____

MISSION MISSISSIPPI AUTOMATIC GIFT WITHDRAWAL AUTHORIZATION FORM

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

E-MAIL: _____ FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER: _____ BANK TRANSIT/ABA NUMBER _____

I (we) hereby authorize the Financial Institution named above to electronically debit (my/our)
() Checking or () Savings Account \$ _____ per month. Deduct on () 15th () end of month.

This authority is to remain in full force and effect until Mission Mississippi and Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Mission Mississippi and Bank a reasonable opportunity to act on it. A copy of this completed Authorization Agreement will be provided to the donor and his/her banking institution upon request.

DATE: _____ SIGNATURE: _____

NOTE: Please attach a voided check to this form to verify bank account information.