

I | I | I | ELECTRONIC MONTHLY STEWARDSHIP I | I | I

I request my bank or credit card company to monthly transfer funds in the amount of \$ until further notice. I understand I am in full control of my donation and anytime I wish to make changes I will contact this organization or write them at the address below. I prefer a monthly transfer date of the 5th or the 20th. (Circle One)		
Checking (Attach a voided check)	Savings (Attack	h voided deposit ticket)
☐ VISA ☐ MasterCard Acct. #	☐ AmEx	☐ Discover
Exp. Date /		
Giver's Name Phone		
Address		
City / State / Zip		
Giver's Signature / Date		
E-mail		

Ministry/ Organization

The Governors Prayer Team 865 Country Walk Court Brownsburg, Indiana 46112-1770 317-286-1117