

**SUPPORT FOR:**

Missionary/Project Name: John & Joanna Frey Amount: \$ \_\_\_\_\_  
Missionary ID (if known): 0135901

**YOUR CONTACT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**METHOD OF GIVING:**

Check Enclosed  
 Give Later - Start Date: \_\_\_ / \_\_\_ / \_\_\_

**SELECT ONE:**

Monthly  Annually  
 Quarterly  Single Donation

Make checks payable to ABWE and mail to:

ABWE Donor Services  
PO BOX 8585  
Harrisburg PA 17105

Monthly Automatic Support Signup: Amount: \$ \_\_\_\_\_ Month to Begin: \_\_\_\_\_

**Bank Withdrawal:**

Date of monthly withdrawal:  7th  22nd

Checking  
 Savings

\_\_\_\_\_  
Routing number

\_\_\_\_\_  
Account number

**Credit or Debit Card:**

Processed on 15th of each month

VISA / MasterCard / Discover / AMEX accepted

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp date: \_\_\_ / \_\_\_ Name: \_\_\_\_\_

A confirmation will be sent after the automatic support has been set up.

