



**360 Vision for Africa**  
 Bringing Hope...One Child at a Time  
**Partnering in Ministry - Response Form**  
 Gretchen Carlson Acct #1112



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

# of children \_\_\_\_\_ @ \$30 per month = \$\_\_\_\_\_ per month OR a Special gift of \$\_\_\_\_\_ (non-recurring).

**\*Check should be made payable to IMF.**

**Do not write 360 Vision anywhere on the check. On a separate piece of paper, please note who the donation is for.**

\*Contributions are solicited with the understanding that the donee organization (IMF) has complete discretion and control over the use of all donated funds. IMF is registered with the Internal Revenue Service as a 501(c)3 non-profit organization, donations are tax-deductible. In order for supporters to receive a tax deduction, checks must be made payable to IMF and NOT to a specific missionary. Checks made for individual missionaries are not tax-deductible.

### Automatic Debit Enrollment Form

Yes, I authorize my bank to transfer to International Ministerial Fellowship (IMF) each month the amount shown below. I understand a confirmation will be sent prior to my first transfer.

Total per month \$\_\_\_\_\_ from my  Checking  Savings

Transfer my gifts on the \_\_\_\_\_5th or 20th of each month (indicate one). Month to begin \_\_\_\_\_

**Please enclose a voided check. This will ensure that we will have the necessary banking information to begin future transfers.**

This permission to charge my bank account is the same as if I had personally signed a check to IMF. This agreement will remain in effect until I write a note or call IMF to end this agreement or my bank sends me a 10 days' written notice that this agreement will be terminated.

My bank statement will reflect my monthly transfers to IMF. I will also receive from IMF a monthly receipt listing my giving. In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing within 15 days of the date on the bank's statement or within 45 days after the transfer was made. I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift(s). In the event of an amount or double posting error, I will handle this problem directly with IMF.

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

### Recurring Credit Card Charge Authorization Form

I authorize International Ministerial Fellowship (IMF) to make the following recurring charge to my credit card:

Amount: \$\_\_\_\_\_ Month to begin: \_\_\_\_\_

(Charge will be applied on approximately the 10<sup>th</sup> of the month)

Card Type (circle one):      VISA      MasterCard      American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

To make online Credit Card or PayPal donation(s) go to [imfserves.church](http://imfserves.church) + Missions + Scroll to second picture and click on Missionaries + Find your Missionary and click on picture. Donate link under name.

Please return to: IMF, Attn: Accounting, PO Box 98, Minnetonka Beach, MN 55361  
 For additional information contact Accounting at: 952-346-2464 ♦ FAX 952-346-2480