



SUPPORT PLEDGE FORM

With the Lord's help, I/we wish to share in the ministry of _____. (missionary name)

\$50/month \$75/month \$100/month \$_____/month – Starting ____/____ MO/YR

I/We cannot support you on a monthly basis at this time.

I/we can support you with a special gift \$ _____.

Name: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Email: _____

Please make your check payable to TeachBeyond and mail it with this form to the address below:

US TeachBeyond, PO Box 6248, Bloomingdale, IL 60108-6248 – Ph 1-888-334-0055
Canada TeachBeyond, 2121 Henderson Hwy. Winnipeg, MB R2G 1P8 Ph – 1-888-334-0055
info@teachbeyond.org
All donations will be receipted for income tax purposes.

PRE-AUTHORIZATION FOR AUTOMATIC WITHDRAWAL DONATIONS

I hereby authorize TeachBeyond to withdraw from my bank account my monthly pledge for the support of: _____.

Amount: _____/month

To be drawn from the account on the 1st or 15th of each month starting ____/____ M/Y

DATE

SIGNATURE (ink only please)

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Phone: _____

Email: _____

PLEASE ATTACH A VOIDED CHECK

Office Use Only
Received: _____
Bank Form: _____
Checked: _____
Ref. # _____
Deleted: _____