



Jose & Kristy Flores

Acct # 1111

Partnering in Ministry - Response Form



Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail Address: _____

In addition to praying for Jose & Kristy, I would like to partner with them financially in the following way(s):

_____ \$200 per month _____ \$100 per month _____ \$75 per month _____ \$50 per month other \$ _____

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

I am enclosing a special gift of \$ _____

*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 \$ _____ Checking Savings

Transfer my gifts on the _____ 5th or 20th of each month (check 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 10th 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 www.i-m-f.org, Missions, IMF Agency Missionaries

Please return to: IMF, Attn: Accounting, PO Box 98, Minnetonka Beach, MN 55361-0098
 For additional information contact Accounting at: 952-346-2464 ♦ FAX 952-346-2480