

Declaration of Intention for Support



P.O. Box 308011
Cleveland, OH 44130-8011
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Dear Friends in Christ,

It is exciting to be a co-worker with God in the great work of reaching people for Christ. The Scriptures tell us that we are, “workers together with Him.” What an exciting thing for us who are saved by His grace to be part of His great plan.

We also want to thank you for being partners with our missionaries in supporting the work around the world. Without each of you who are dedicated to the support of missions, both by prayer and financial giving, it would be impossible to carry on a worldwide ministry. Thank you so much for your investment in eternity. Because you have given, souls will be saved, Christians will be restored to fellowship, churches will be planted, and others will be called into full-time service. From our hearts we say a very sincere, “thank you.”

Rev. Steve Fulks
Administrator for Church Relations / Enlistment

This declaration is not a binding contract. It is a statement of faith.

It will help the Mission to evaluate the missionary's account before clearance is given to go to the field.

Donor Information:

Name (Dr. / Rev. / Mr. / Mrs. / Miss) OR Church _____
Street _____
City _____ State _____ ZIP _____

Support Information:

Missionary/Ministry/Project Name	Amnt to be Given	Monthly √	Quarterly √	Other (annually, semi-annually, etc.)	Date to Begin Support	See below for information about our Automatic Support Program
	\$				/ /	
	\$				/ /	
	\$				/ /	

Signed: _____ **Date:** _____

If interested in BMM's Pre-Authorized Automatic (check-free) Support Program, please complete the following :

I (we) hereby authorize Baptist Mid-Missions to initiate debit entries, as indicated below, to my (our) bank account, information for which is also listed below. This authority is to remain in full force and effect until Baptist Mid-Missions and the Bank have received written notification from me (or either of us) of its termination in such a time as to afford Baptist Mid-Missions and the Bank a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to the Bank prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by the Bank up to 15 days following issuance of statement or 45 days after posting, whichever occurs first.

BANK NAME: _____
CITY: _____
STATE: _____

ACCOUNT TYPE (check appropriate box & affix any attachments):

- CHECKING, Attach a voided check
 SAVINGS, Routing # _____
Account # _____

DAY OF TRANSFER (please check one): 5th of each month OR 20th of each month

Automatic Support Information:	Missionary/Ministry/Project Name	Project #	Amnt to be Given (Monthly Support)	Missionary/Ministry/Project Name	Project #	Amnt to be Given (Monthly Support)
		#	\$		#	\$
		#	\$		#	\$

TOTAL MONTHLY GIFT: \$ _____ DATE TO BEGIN SUPPORT: _____ / _____ / _____

AUTHORIZED SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATURE (when 2 signatures are required): _____ DATE: _____