

# I authorize a monthly automatic contribution from the following:

Please deduct my monthly gift of \$ \_\_\_\_\_ from my Checking Account.  
(Please enclose a voided check with this form)

I authorize my gift to be withdrawn from my account beginning \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Name \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**RETURN TO: TellASIA Ministries, Inc. 12650 W. 64th Ave. #245, Arvada, CO 80004**

This authorization shall remain in effect until TellASIA Ministries has received notification from you of its termination in such time and in such manner as to afford TellASIA Ministries and Depository a reasonable opportunity to act on it. We shall keep every detail of your personal information STRICTLY PRIVATE AND CONFIDENTIAL. ABSOLUTELY NO ONE will have any access whatsoever to your information. All donations are tax deductible as allowed by IRS regulations.