



AMERICAN BIBLE SOCIETY

AMERICAN BIBLE SOCIETY DONATION BY EFT OR CREDIT CARD

Date: _____ Name: _____

For: ___ Bible-A-Month Club ___ General Support Other: _____

_____ China _____ Military

MY GIFT BY ELECTRONIC FUNDS TRANSFER (EFT)

Monthly gift amount \$ _____.

Bank Name: _____

Name on bank account (or attach a void check): _____

ABA routing number (or attach a void check): _____

Checking account number: _____

***Mailing address:** _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

I hereby authorize AUTOMATIC MONTHLY TRANSFERS FROM MY BANK:

SIGNATURE REQUIRED / /
Month/ Day /Year

_____ Please tell me how I can remember American Bible Society in my will.

In the event that funds are raised in excess of this need, they will be used to help provide God's Word where the need is also great. Contributions are greatly appreciated and are tax deductible as allowed by law.

The mission of American Bible Society is to make the Bible available to every person in a language and format each can understand and afford, so all people may experience its life-changing message.

Visit AmericanBible.org for additional information and stories about our work in the U.S. and around the world. You can also modify your mailing preferences, use our online Bible resources and sign up to receive our Newswire and daily Scripture e-mails and much more. You can also make a secure online gift.

Please give us your e-mail address if you would like to receive e-mail updates about our work around the world: _____

MY GIFT BY CREDIT CARD

Please charge my gift of \$ _____.

_____ One-time gift _____ Monthly gift

___ VISA ___ MC ___ AMEX ___ DISCOVER

Name on card _____

***Billing address:** _____

City: _____ State: _____ Zip: _____

Credit card number: _____

Expiration date: _____

Phone: _____ E-Mail: _____

SIGNATURE _____

Please use the credit card information above to transfer my one-time or monthly gift from my credit card account. For monthly gifts, I understand my future gifts will be transferred directly from my credit card each month, starting _____.
Month/Year

I hereby authorize AUTOMATIC MONTHLY TRANSFERS FROM MY CREDIT CARD:

SIGNATURE REQUIRED / /
Month/ Day /Year

***Change of mailing/billing address? Please note it here:**

New address _____

City _____ **State** _____ **Zip** _____

Phone _____

As of date _____