

YES, Jerry and Gwen I want to help you reach your ministry and personal budget expenses for this vital ministry of befriending, evangelizing and discipling international students for Christ.

- As the Lord provides, I plan to invest \$ _____ monthly quarterly annually
(suggestions: \$10 / \$15 / \$25 / \$50 / \$75 / \$100 / other) Please find enclosed my first check
- I have enclosed a one-time gift of \$ _____.
- I would like to give by electronic funds transfer. (Please complete both sections of this form.)

Mr./Mrs./Miss _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Date _____

Make checks payable to "IFI" and mail to PO Box 82416, Columbus, Ohio 43202

This form is neither a legally binding contract nor a promise to give.

We consider it a free will expression of intent to give to International Friendships Inc.

****ONLY COMPLETE THIS PORTION IF YOU ARE GOING TO USE THE EASY GIVING PLAN****

The IFI Easy Giving Plan (EGP) is an electronic funds transfer program that allows your donation to IFI to be deducted automatically from your bank account each month. You save the cost of checks and postage as well as the time required to send your monthly contribution. IFI saves by reducing our processing time and expenses, ensuring that more of what you give goes directly to the account you support. You won't need to worry about missing the support you've intended to give, and IFI will have more time to focus on ministry to international students.

You'll still receive a tax receipt for each contribution as well as a monthly record of your gift in your bank statement. By notifying IFI in writing, you may change your donation amount or cancel your donation at any time.

To start the IFI Easy Giving Plan, please completely fill out the information above and below and return it with your check for this month's regular contribution or with a voided check. The deduction will be made each month automatically according to your authorization.

____ Yes, I want to save time and money and help IFI by participating in the IFI EGP. I authorize my bank to transfer to IFI each month the amount shown on this form. My authorization to charge my account in the amount indicated at my bank shall be the same as if I had personally signed a check to IFI. This authorization shall remain in effect until I notify IFI in writing that I wish to end this agreement, which I may do at any time. A record of my payment will be included in my regular bank statement. I will be receipted from IFI for tax purposes.

Use my contribution as indicated on the top section of this form.

Please transfer my gift on the (check one)...

- 5th of each month New Easy Giving Donor (Check Enclosed)
 20th of each month Updated Info (Check Enclosed If New Acct)
 28th of each month

Signature: _____

If you have any questions about the IFI EGP, please contact Ginger: (614) 294-2434 or at financial@ifiusa.org

Office Use Only: SHELLHAAS [] Entered _____ [] Email Sent _____ [] Letter Sent _____
