



**International  
FRIENDSHIPS**

Please mail to:  
**PO Box 82416  
Columbus, OH 43202-0416**

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

www.ifipartners.org / 614.294.2434  
financial@ifipartners.org

**I would like to support IFI by contributing to the ministry of:**

\_\_\_\_\_  
Staff name OR Specific ministry OR Where needed most

**IFI's EASY GIVING PROGRAM**

Automatic giving through your checking or savings account.

**Please follow these important instructions carefully-**

- Write the monthly gift amount \$ \_\_\_\_\_
- Please sign and date below
- For checking, please include your first gift or a VOIDED check.
- For savings, please include a blank deposit slip.
- CIRCLE the withdrawal day of the month: **5th** **20th** **28th**

***I authorize payment to IFI of the stated amount (see above) each month. This authorization will remain in effect until I notify IFI in writing (via mail or email) that I wish to stop.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date