



SUPPORT PLEDGE FORM

With the Lord's help, I/we wish to share in the ministry of _____.

Missionary Name

_____ \$50/month _____ \$75/month _____ \$100/month \$ _____ month - Starting ___/___ **MO/YR**

___ I/We cannot support you on a monthly basis at this time.

We can support you with a special gift of \$ _____.

___ I/We will pray regularly.

___ Please send prayer letter.

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____ Phone: _____

Email: _____

Please make your check payable to TeachBeyond and mail it with this form to the address below:

US TeachBeyond, PO Box 6248, Bloomingdale, IL 60108-6248 Ph - 1-888-334-0055

Canada TeachBeyond, 2121 Henderson Hwy. Winnipeg, MB R2G 1P8 Ph – 1-888-334-0055
info@teachbeyond.org

All donations will be receipted for income tax purposes.

PRE-AUTHORIZATION FOR AUTOMATIC WITHDRAWAL DONATIONS

I hereby authorize TeachBeyond to withdraw from my bank account my monthly pledge for the support of:

Amount: _____/month

To be drawn from the account on the ___ 1st or ___ 15th of each month starting ___/___ **MO/YR**

DATE

Signature (ink only please)

Name: _____

Address: _____

City: _____ **Prov/State:** _____

Postal/Zip Code: _____ **Phone:** _____

Email: _____

Office Use Only

Received: _____

Bank Form: _____

Checked: _____

Ref. # _____

Deleted: _____

PLEASE ATTACH A VOIDED CHECK