



## Direct Giving Plan Agreement

Yes, I would like to begin making a monthly contribution through the Direct Giving Plan. Please transfer my monthly gift from my bank account as described below:

Amount of gift: \_\_\_\_\_

Checking Account No: \_\_\_\_\_

Or Savings Account No: \_\_\_\_\_

Please transfer the funds on the 1<sup>st</sup> \_\_\_\_\_ or the 15<sup>th</sup> \_\_\_\_\_ of each month.

I authorize **Prayer Ventures** to process debit entries from my account. This authority will remain in effect until I give written notification to terminate this authorization.

**Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

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

You will receive an acknowledgement for your gift quarterly that can be used for tax purposes.

**Please attach a voided check or a savings account deposit slip and mail form to:**

**Prayer Ventures  
8644 Wood Cliff Circle  
Bloomington MN 55438**

**Questions? Contact Debbie Scott at [debbies@prayerventures.org](mailto:debbies@prayerventures.org)  
or call 952/942-9016.**