



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 1st _____ or the 15th _____ 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
or call 952/942-9016.**