



Holiday and Year-End Giving Contribution Form

"You have wiped my tears and clothed me with joy!" --Sister Connection widow to her sponsor.

(Please fill out form and return via U.S. Mail, fax, or e-mail)

Name _____
Address (line1) _____
Address (line 2) _____
City _____ State/Prov. _____ Zip/Postal _____
Country _____ Phone _____ (alt. #) _____
Email address _____

I would like to:

- Contribute to Sister Connection Ministry Support \$ _____
- Give a Christmas gift to my sister (widow # _____) \$ _____

Total Donation: \$ _____

Preferred payment method

- Enclose check/money order payable to **Sister Connection c/o FMF**
- Credit Card (see credit card form below)
- Electronic Funds Transfer (EFT) (see EFT form below)

Fax, Mail or E-Mail Completed Form(s) with enclosed form of payment to:

Sister Connection
c/o Free Methodist Foundation
P.O. Box 580
Spring Arbor, MI 49283
E-Mail: info@sisterconnection.org Fax: 623-444-9085

Questions? Please call us at 623-882-1393 to speak with a Sister Connection representative or e-mail us at: info@sisterconnection.org

Thank you for choosing to make a difference with Sister Connection!



DIRECT WITHDRAWAL AUTHORIZATION AGREEMENT
(For funds coming to The Free Methodist Foundation from another institution)

I hereby authorize The Free Methodist Foundation to debit my **checking/savings** (Circle one) account # _____ at the financial institution named below in the amount of \$ _____ on a monthly basis, beginning _____.

Adjusted entries to correct errors are also authorized. This authority will remain in effect until it is canceled in writing. Please credit the account at The Free Methodist Foundation:

Sister Connection Widow Name: _____
Case Number: _____

_____	_____
Financial Institution Name	Date
_____	_____
Account Number	Routing/ABA Number
_____	_____
Address	Accountholder name (print)
_____	_____
City State Zip	Accountholder Signature

PLEASE NOTE: The Free Methodist Foundation only allows for *monthly withdrawal*, and will debit your account on the 15th of each month in order to accommodate our accounting system.

NOTE: If a checking account, please attach a voided check when you return this form.

Return to: Sister Connection c/o The Free Methodist Foundation, P.O. Box 580, Spring Arbor, MI, 49283 (Phone: 1-800-325-8975)



CREDIT CARD TRANSACTION AUTHORIZATION

Type of Credit Card (VISA, Mastercard): _____

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Billing Address of Credit Card Holder:

Card Verification # (from back of card): _____

Amount: _____

Circle One: Monthly Quarterly Annually One Time Gift

Sister Connection Widow Name: _____

Sister Connection Widow No. _____

Ministry: *Sister Connection*