



## 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 (line 1) \_\_\_\_\_  
Address (line 2) \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_  
Country \_\_\_\_\_ Phone \_\_\_\_\_ (alt. #) \_\_\_\_\_  
Email address \_\_\_\_\_

### I would like to:

- Build a Home for a widow: # of homes \_\_\_\_\_ (x \$600) \$ \_\_\_\_\_
- Contribute to Critical Needs of the widows & orphans: \$ \_\_\_\_\_
- Be a Sister Connection Foundational Supporter for \$ \_\_\_\_\_ per month
- Give a one-time gift, designated for \_\_\_\_\_ \$ \_\_\_\_\_

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](mailto: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](mailto: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*