If you wish to have a donation debited directly from your account (the most cost effective way is a checking or savings account), print this form and mail it to:

ZEMA, PO Box 727, Zion, IL 60099

Thank YOU!

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I request my bank or credit card company to monthly transfer funds in the amount of $ _____ until further notice. I understand I am in full control of my donation and anytime I wish to make changes I will contact this organization. I prefer a monthly transfer date of the 4th or the 18th. (circle one) **Beginning month of:** _____

❑ Checking (Attach a voided check)	❑ VISA Acct. #_____
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Missionary I/we wish to support: _____

Giver's Name_____ Phone _____

Address_____ E-mail _____

City / State / Zip_____

Date _____ Giver's Signature_____

If you would like to give a one-time donation, fill out the name and address section above, print this form and mail it to:

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