

DONATION BY EFT OR CREDIT CARD

Date: Name:		
For: Bible-A-Month Club General Support Other:		
China Military		
MY GIFT BY ELECTRONIC FUNDS TRANSFER (EFT)		
Monthly gift amount \$		
Bank Name:		
Name on bank account (or attach a void check):		
ABA routing number (or attach a void check):		
Checking account number:		
*Mailing address:		
City: State: Zip:		
Phone:E-Mail:		
I hereby authorize AUTOMATIC MONTHLY TRANSFERS FROM MY BANK:		
SIGNATURE REQUIRED / / / Month/ Day /Year		
Please tell me how I can remember American Bible Society in my will.		
If the Lord blesses us with funds beyond this need, we will prayerfully use them to further Scripture Ministry. Contributions are greatly appreciated and are tax deductible as allowed by law.		
The mission of American Bible Society is to make the Bible available to every person in a language and format each can understand and afford, so all people may experience its life-changing message.		
Visit AmericanBible.org for additional information and stories about our work in the U.S. and around the world. You can also modify your mailing preferences, use our online Bible resources and sign up to receive our Newswire and daily Scripture e-mails and much more. You can also make a secure online gift.		
Please give us your e-mail address if you would like to receive e-mail updates about our work around		

To give with a check, print out the ministry donation form and enclose with your check made out to American Bible Society.

To give with a Credit Card or Electronic Funds Transfer by mail, print this PDF form, fill it out, sign it, and send it in the mail.

Either of them can be mailed to:
American Bible Society
P.O. Box 8914
Topeka, KS 66608-9983

MY GIFT BY CREDIT CARD

Please charge my gift of \$	_
One-time gift	Monthly gift
VISA MC AMEX	DISCOVER
Name on card	
*Billing address:	
	State: Zip:
Credit card number:	
Expiration date:	
Phone: E-N	Mail:
SIGNATURE	
my credit card account. For monthly gifts, I u directly from my credit card each month, start I hereby authorize AUTOMATIC MONTHLY	ing Month/Year
	/ /
SIGNATURE REQUIRED	Month/ Day /Year
*Change of mailing/billing address? Please	note it here:
New address	
City	State Zip
Phone	
As of date	