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***Easy Monthly Gift Plan***

**How it works**

* Fill out the form below
* Enclose a voided check
* Mail to A2T
* Rest assured that your support will be there each month

**Benefits of the plan**

* Easy to set up
* Automatic every month on the 20th
* No check writing
* Provides consistent and dependable support

**Common Questions**

Is there a cost to this program?

*No, there are no costs to you or A2T to process these monthly transfers.*

When will my gift be transferred?

*Your gift will be transferred on the 20th of each month. You will receive a receipt each month.*

How do I change or cancel the plan?

*You can make changes at any time in writing through mail or email.*

***Acts 2 Toledo PO Box 2842 Toledo, Ohio 43606***

***419-410-2106 matt@a2t.team***

**Easy Monthly Gift Plan Enrollment**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account

* Checking (attach voided check)
* Savings (attach deposit slip)

Credit Card

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration \_\_\_\_\_\_\_\_ CVC Code \_\_\_\_\_\_\_\_

I authorize Acts 2 Toledo to transfer from my checking (or savings) account for the amount shown . I agree to notify Acts 2 Toledo by mail or email to change or cancel this agreement.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministry

* Matt & Wendy Yeager
* Keep Watch Prayer
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Mail to: Acts 2 Toledo***

***PO Box 2842***

***Toledo, Ohio 43606***