

I WANT TO SUPPORT:

While every effort will be made to apply your gift according to your indicated preference, RI has complete discretion and control over the use of donated funds.



Return to:

Rosedale International

2120 E 5th Ave

Columbus OH 43219

info@rosedaleinternational.org

I would like to show support by:

Praying Receiving newsletter *(must provide email)*

One-time contribution

Ongoing monthly support

Ongoing annual support

I will fulfill my pledge by: *(Select one of the following)*

Giving online *(via Paypal—donate.rosedaleinternational.org)*

Mailing check *(Please make checks payable to RI and note worker)*

Enrolling in RI's Electronic Funds Transfer program
(Please complete the reverse side)

My support will begin: *(mm/yyyy)*

I will conclude my participation:

No end date. *(I will send notice to RI when I want to conclude my participation)*

When specific worker ends employment with RI.

On specific date: *(mm/yyyy)*

ELECTRONIC FUNDS TRANSFER

Submit the information below to enroll in RIs EFT program or visit eft.rosedaleinternational.org

I would like to contribute monthly*

**Monthly is the only option for EFT contributions.*

Please use my contributions for the following RI workers or projects:

1. Where support is most needed:

2. Worker:

3. Other:

I want to contribute from my:

Checking Account *(Please scan or mail a voided, blank check)*

Savings Account *(Please scan or mail a savings deposit slip)*

I want to transfer funds on the of the month

I want to begin my EFT starting: Month Year

I will conclude my participation in RIs EFT program:

No end date. *(I will send notice to RI when I want to conclude my participation)*

When specific worker ends employment with RI.

On specific date: Month Year

I authorize Rosedale International to process debit entries from my account. This authority will remain in effect until I give notification to terminate this authorization or until the last specified payment date.

Typed authorized signature of account:

Date: