



# One Another Missions, Inc

## Donor Information Form

### Contact Information

Name	
Street Address	
City, ST ZIP	
Home Phone	
Cell Phone	
E-Mail Address	

### Monthly Direct Debit Giving Information

Bank Name	
Monthly Amount	\$ _____ - on the 7 <sup>th</sup> day of the month
Routing Number	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

### Agreement and Signature

By signing, I grant permission to transfer funds from my bank account, as specified above.

Name (printed)	
Signature	
Date	

Please return form to: **One Another Missions Inc. c/o Beth Gowen**  
**2008 Lubbock St, Houston, Tx. 77007**

Gifts are tax deductible; One Another Missions, Inc. is exempt from federal tax under IRC 501(c)(3) and strives to maintain the highest standards of financial integrity and accountability. You may stop, start or change your giving at any time by calling 602-539-3904, by email [tquiocho@yahoo.com](mailto:tquiocho@yahoo.com) / [bgowen@sapch.org](mailto:bgowen@sapch.org) or by writing to us at the address above.

Thank you for your generosity!