

TeachBeyond Support Pledge Form

With God's help, I wish to share in the support of _____ Israel and Dani Jernigan _____ in the amount of

\$50/month \$100/month \$200/month \$_____ /month, starting _____ (month/year)

Special gift of \$ _____ I wish to receive a Newsletter I will pray for your ministry.

Name: _____ Tel: _____

Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Email: _____ Church name: _____

Make check/cheque payable to **TeachBeyond** and mail it with this form to the appropriate address below:

U.S.: TeachBeyond, PO Box 6248, Bloomingdale, IL, 60108-6248

Canada: TeachBeyond, 2121 Henderson Hwy., Winnipeg, MB, R2G 1P8

Tel. U.S.: 630 324 8177 or 800 381 0076 / Canada: 888 334 0055

All donations will be receipted for income tax purposes.

Authorization for Automatic Withdrawal Donations

Please fill in the address information above.

I hereby authorize **TeachBeyond** to withdraw from my bank account my monthly pledge for the support of:

_____ (missionary's name).

Monthly support amount: \$ _____ to be drawn from the

account on the **1st** or **15th (Canada)**

or on the **5th** or **20th (United States)**

of each month beginning _____ (month/year).

Office Use

Received: _____

Bank form: _____

Checked: _____

Ref. # _____

Deleted: _____

Name

E-mail

Signature (please sign in ink)

Date

Please Attach a Voided Check/Cheque

In order to stop withdrawals, please notify TeachBeyond in writing (by post or email) two (2) weeks before the final withdrawal date.