

MONTHLY SUPPORT TEAM INQUIRY RESPONSE FORM

Dear Friend & Fellow Ally

Thank you for your interest in joining with DLM as a monthly supporter. We are grateful for those who by faith step out in faith to join with us on the monthly support team. Your monthly contribution to DLM will help us to better predict our monthly cash flow to meet our monthly operating budget. To make your giving each month easier we offer two automated options. You can choose to give with a major credit card and have the amount of your support charged each month, or you can choose to have your checking or savings account drafted each month in the amount you wish to give.

You can also choose to mail in a check each month if you would like to give that way as well. Simply complete the form below and mail it back to us. You can also join the monthly support team on our website at <http://www.desiredlife.org/support/> if you wish to use the paypal.com network to handle your contribution.

Please complete this section so we can setup your donor account in our accounting system. This is where we will mail statements to for your records:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____

Please check the amount you would like to commit to giving each month:

\$25 \$35 \$50 \$75 \$100 \$150 \$200 Other \$ _____

Option A

If you would like to have your checking account drafted each month for this contribution, **please attach a copy of a voided check**. Then sign & date to authorize this amount to be drafted from your checking each month by Desired Life Ministries. Day of month you would prefer to have your account **drafted each month**: _____ (Date received if left blank. Choose 1-28 or write 1st, 2nd, 3rd, 4th, Monday - Sunday of each month)

_____ **Date:** _____

Option B

If you would like to have this amount charged to your credit card each month please complete the following:

Day of month to have your account **debited each month**: _____ (Date received if left blank. Choose 1-28 or write 1st, 2nd, 3rd, 4th, Monday - Sunday of each month) **Card Type:** (Visa / Mastercard/Discover/Amex).

Card No: _____ Card Expiration Date: _____

Signed: _____ Date: _____

Option C

If you would like to mail in a check each month you can simply mail your check to us each month (just write donation in the memo on the check so we know you are making a donation). Check this box and return this form so we know you wish to join the support team.

We will send out periodical statements to you for your records and tax purposes as well. You can write us any time to inform us if your financial situation changes to cancel or e-mail us to cancel as well at giving@desiredlife.org.

Mail this form to: Desired Life Ministries * 11936 W 119th St #194 * Overland Park, KS 66213