



PLEASE MAIL TO:
THE MOVEMENT INTERNATIONAL
PO BOX 769, ST. JOSEPH, MI 49085
(OR EMAIL THE INFORMATION TO
OFFICE@THEMOVEMENTINTL.ORG)

I, _____, authorize The Movement International, Inc. to debit my checking account once per month in the amount of \$_____ to help reach those that have yet to hear the Gospel. This authorization will remain in effect until I notice you of any changes or cancellations to this account.

Name of Financial Institution: _____

Bank Account Number: _____

Bank Routing Number: _____

Is this a personal or business account: _____

Choose the date you would like for your donations to be withdrawn monthly: _____

What you would like your donations to go towards: _____

*You can choose how
you help to finish the
Great Commission!*

Full Name: _____

Street Address: _____

City: _____

State and Zip Code: _____

Phone Number: _____

Email: _____

SIGNATURE: _____

DATE: _____



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WWW.THEMOVEMENTINTL.ORG
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269.348.7022