

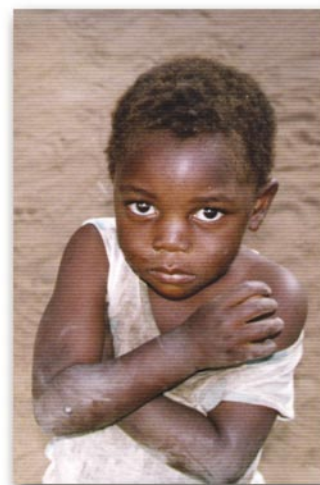
Streamlined Giving

Most of the financial support given to WorldVenture missionaries, special projects and to our Global Missions Fund is sent on a monthly basis. Many people who faithfully mail in their checks to WorldVenture every month have asked us whether their contributions can be automatically deducted from their bank accounts. In response to their requests we have made that possible. Through a program we call Streamlined Giving you can save the time and trouble of writing checks, paying for stamps and mailing your gift on time month after month.

Streamlined Giving is a free service and it is designed to keep you in control. At any time, by simply giving us written notice, you may change your donation amount, cancel your donation or change bank accounts. By participating in Streamlined Giving, you will save money, time and worry. Your gifts will always be received safely and promptly. And, as always, each donation will be acknowledged by a receipt.

To enroll in the Streamlined Giving program, just three simple steps are required:

1. Complete the attached authorization form, including the amount you want to contribute each month.
2. Send us one of your checks marked "VOID" along with the completed authorization form. The check will provide us with the necessary banking information. Please do NOT send a deposit slip in lieu of a voided check.
3. Mail the authorization form and your voided check to: **WorldVenture, 1501 W. Mineral Ave., Littleton, CO 80120-5612**



AUTHORIZATION FORM

I hereby authorize WorldVenture to arrange automatic deductions from my bank account on the 5th , 15th , or 25th of each month. My contribution is to be used for the following designations:

\$ _____ (Designation) _____
\$ _____ (Designation) _____
\$ _____ (Designation) _____
\$ _____ (Designation) _____

(If more space is needed, please attach complete list.)

Begin my auto debit with the month of _____

Name _____

Address _____

City/State/ZIP _____

Daytime phone _____

E-mail _____

Please show signature(s) below as required on checks issued against account. Note: Your account must have checking privileges.

Signature _____ Date _____

Signature _____ Date _____



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