

*Be a Partner*  
**Help Accelerate Bible Translation**



ACCELERATING  
 BIBLE  
 TRANSLATION

**ONLINE GIVING**

**We recommend this as your most convenient option to give.** You can start your online giving by going to the corporate website: [www.wycliffeassociates.org](http://www.wycliffeassociates.org). Scroll over the “Donate” tab in the top right corner of the page and select ‘Supported Staff’. You can search by name or ministry account number. Click “More Information” to set up the amount, date, frequency, and method of giving (either by credit card or bank transfer). Once you set up an account online, you will be able to view and manage all gifts to Wycliffe Associates yourself through your online account.

**CONTACT INFO:**

**WYCLIFFE ASSOCIATES**

Name \_\_\_\_\_  
 Spouse’s Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_

PO Box 620143  
 Orlando, FL 32862

**For Questions:**  
 407-852-5809

*\*Please mail this completed form for processing*

**ELECTRONIC GIVING:**

**BANK TRANSFER**

- Please transfer my gift on the 18th of each month.
  - Please charge a one-time gift.
- TYPE:    CHECKING       SAVINGS

BANK NAME \_\_\_\_\_  
 ROUTING # (9 digits) \_\_\_\_\_  
 ACCT # \_\_\_\_\_

**CREDIT CARD**

- Please charge my gift on the 18th of each month.
  - Please charge a one-time gift.
- TYPE:    VISA    MASTERCARD    AMEX    DISCOVER

CARD NUMBER \_\_\_\_\_  
 NAME ON CARD \_\_\_\_\_  
 EXP. DATE (REQUIRED) \_\_\_\_\_

**MAILING A CHECK:**

**CHECK**

Please make your check payable to “Wycliffe Associates” with the staff member’s Ministry Account # on the memo line (not their name). Send your gift to the address above. A tax-deductible receipt will be sent for each gift and an envelope for your next gift.

**MY COMMITMENT TO:** \_\_\_\_\_

WYCLIFFE ASSOCIATE’S NAME

MINISTRY ACCOUNT #

**Please transfer my gift of \$ \_\_\_\_\_ to the person or ministry named above.**



*A higher standard.  
 A higher purpose.*

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

I understand that my one time or monthly gift(s) will be transferred from my bank account or credit card and will appear on my bank or credit card statement. If at any time I wish to increase, decrease, or suspend my giving, I need to contact Wycliffe Associates. By signing this form, I give Wycliffe Associates permission to withdraw the amount written above, either monthly or one time (as indicated above) from my personal bank account or credit card.