



LIFEWITHOUTLIMBS
 NICK VUJICIC - LIFEWITHOUTLIMBS.ORG
 FROM NO LIMBS. TO NO LIMITS

Automatic Giving Form
 (Electronic Funds Transfer—United States Only)

Yes, I want to help Life Without Limbs reach more people with the Gospel and am lead by the Lord to become a Life Without Limbs Partner by making an automatic monthly pledge.

Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone Number: _____ E-Mail Address: _____

I authorize Life Without Limbs to automatically transfer \$ _____ each month from my
Checking Savings (select one) at the Financial Institution named in accordance with the terms and conditions listed below. Enclosed is a VOIDED check or sharedraft. I would like my monthly pledge to be withdrawn from my account on the _____ (1st or 20th) of each month. Please note: Only United States banks are eligible for this method of giving.

Name of Financial Institution: _____ (US Banks Only)

Account Number: _____

Financial Institution's Routing Number: _____

Note: For savings accounts, please check with your financial institution to determine if your savings account can be used for this type of transaction and, if so, request the institution's routing number and enter it in the space above.

Gifts will be used exclusively for the tax-exempt purposes of Life Without Limbs. The ministry features specific outreaches, such as evangelism, teaching, speaking engagements, media and discipleship which are examples of the programs it supports and conducts. Gifts are considered to be without restriction as to use unless explicitly stipulated by the donor.

I consent to Life Without Limbs and the financial institution named above to charge my account each month the amount I selected. I understand my gifts will be transferred directly from my account in 2-4 weeks and a record of my gifts will appear on my bank statement. I understand that this authorization to debit my account for my monthly pledge amount will remain in effect until I notify Life Without Limbs by phone or in writing that I wish to cancel this agreement. If at any time I would like to change my monthly giving, I can call Life Without Limbs or send in a written and signed request. Life Without Limbs is a 501C3 organization approved by the IRS. All financial contributions are tax deductible. Fed Tax ID #37-1511251. Note: All gifts provided to Life Without Limbs originating as ACH transactions comply with U.S. Law.

Signature: _____ Date: _____

Please mail this completed and signed form with your voided check or sharedraft to:

Life Without Limbs
 P.O. Box 2430
 Agoura Hills, CA 91376

Phone: (818) 706-3300

Fax: (818) 706-3363

E-Mail: donations@lifewithoutlimbs.org

www.LifeWithoutLimbs.org

Please keep a copy of the signed form for your records. Thank you for partnering with Life Without Limbs!