

PLEASE PRINT AND COMPLETE THIS FORM AND MAIL WITH YOUR VOIDED CHECK

# Missionary Sponsorship Form

By submitting the completed form along with your voided check, you are giving permission for IOI to make withdrawals from your account. We will debit your account on the same day of every month (for monthly supporters) or you may set up annual withdrawals. This will continue until you send us a written notice of cancellation (allow six weeks). Please notify us if you close your account.

I (we) hereby authorize Indigenous Outreach International, Inc. to initiate entries to my (our) checking/savings account at the financial institution named below on the attached voided check. This authority will remain until I (we) notify Indigenous Outreach International, Inc. in writing to cancel it in such time to afford I.O.I. and the financial institute a reasonable opportunity to act upon it. The amount listed below will be debited from my account on the same day of every month or on the next business day thereafter—unless annual debits are preferred.

Name(s) on Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Nation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Donation to be debited from: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Amount authorized to be debited: \_\_\_\_\_ \$70 monthly for the support of one minister & administration  
\_\_\_\_\_ \$65 monthly for the support of one minister  
\_\_\_\_\_ \$840 annually for the support of one minister  
\_\_\_\_\_ \$ \_\_\_\_\_ monthly for the support of \_\_\_\_\_ ministers  
*multiply the number of children by \$70*  
\_\_\_\_\_ \$ \_\_\_\_\_ monthly for the ministry of IOI  
\_\_\_\_\_ \$ \_\_\_\_\_ monthly for \_\_\_\_\_  
*Designation*

Please begin my debit starting on \_\_\_\_\_ of \_\_\_\_\_  
*Month Year*

I understand that my email and postal addresses will be added to IOI's mailing list and I can unsubscribe at any time by contacting IOI in writing. My address and personal information will not be shared with any other organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your **voided check** and mail this form to:  
**I.O.I.**  
**PO Box 10173**  
**Jackson, TN 38308**

**Please share your preference, if any, with us:**

Your Denominational Preference: (circle)

Baptist Methodist Presbyterian Non-Denominational Liturgical Other: \_\_\_\_\_

Do you wish to correspond with your ministry partner? Yes No

**IOI is a 501(c)(3) tax exempt organization. Your contributions are tax deductible**