



Grace
Global
Ministries

PO Box 12, Cedarville, OH 45314

- Monthly \$ _____
- Quarterly \$ _____
- Annually \$ _____
- One Time \$ _____

Support will begin: _____
Month

Automatic support commitment for:

Donor Name: _____

Bank information for Electronic Funds Transfer (EFT)

Routing number: _____

Bank Account No: _____

- Checking Savings

EFT Date:

- 10th 21st

Please provide email address for giving receipts:

email completed form to finance@ggminfo.org
