

**Memphis Union Mission
Monthly Giving Form**

I/we pledge to give Memphis Union Mission \$_____ each month via (check one):

Credit Card Draft Checking/Savings Account Draft

Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

E-mail address: _____

Credit Card Draft:

Credit Card: Visa MasterCard American Express Discover

Credit card number: _____ Expiration date: _____

Date transfer should begin: _____ / _____

Checking/Savings Account Draft:

Bank name: _____

Account number: _____

Routing number (9-digit number): _____

Date transfer should begin: _____ / _____

Mail Preferences

I/We wish to receive: All Mail Newsletters Only No Mail

Signature: _____

Date _____

Please return this form to:
ATTN: Monthly Giving
Memphis Union Mission
PO Box 330
Memphis, TN 38101-0330