

Intent to Give Form

1. Gift Details			
Yes! We (I) want to share in NAB's global	l outreach ministry of:		
We intend by God's grace to pray for and financ	cially support them as follows:		
Gift: \$ Gift to be paid:	Monthly Quarterly	Annually	One Time
Date of first payment: Date o	of final payment:	Payment ongo	ing until notified.
2. Personal Information			
First Name: Last Name:			
Address:			
City:	State: ZIF	/Postal Code:	
Phone: () Ema			
Card type: Visa Mastero			/ Code
Name (as it appears on card) Signature Electronic Funds Transfer (EFT)***	•	Date	
Financial Institution Name	Account Number		
I have read the above and agree to these withdr	a copy of a voided check/cheque from t	above. I understand I w	vill receive a
Name (Printed)	Signature of owner of account		
Name (Printed)	Signature of joint owner of account		
*Only available for US gifts. **When you receive a new expiration date, please notify us of the new card informati	ion so that your support can remain uninterrupted	. Thank you!	

Please return this form and payment(s) to the appropriate address listed below.

Email: intenttogive@nabconf.org

Canadian Donors: North American Baptists, Inc. | P.O. Box 57235, Station A, Toronto, ON M5W 5M5

US Donors: North American Baptists, Inc. | P.O. Box 102493 Pasadena, CA 91189-2493

Donors may designate their giving for any ministry, and every effort will be made to honor these designations. Where a minstry's need has been met or cannot be carried out for any reason, the fund will be used for other ministry purposes.