Fábio and Johnna Muniz Pledge Card

Name	
Address	
City	
State/Zip	-
Phone	-
Email	-
l/We will praying for Fábio & Johnna	
Pledging \$20 / \$50 / \$100 / (write in amount) pe	month or \$ per year.
Enclosing a one-time gift of \$	
I/We would like to receive Munizes' newsletters by(please indicate preference: "email" or "regular mail")	
All financial gifts are tax deductible. Please make gifts pay Covenant Church.	able to the Evangelical

If mailing a check, please place "Fábio & Johnna Muniz" in the memo.

Please mail this card to:

Attn: Missionary Support - Fábio & Johnna Muniz Evangelical Covenant Church-World Mission 8303 West Higgins Rd Chicago, IL 60631

Evangelical Covenant Church

Electronic Funds Transfer Form

If you would like to support Fábio & Johnna with a monthly pledge and would like to have the amount electronically withdrawn from your bank account, please complete the following form and return it along with the pledge card to Covenant World Mission at the Evangelical Covenant Church, 8303 W. Higgins Road Chicago, IL 60631.

Name:	
Address:	Phone #:
City/State:	Zip Code:
automatically withdraw from my checunderstand and accept that this wintil the Evangelical Covenant Ch	e of the Evangelical Covenant Church to sking account the monthly amount stated below. I ill begin in the month I have stated below and will continue urch receives written notification from me stating this erminated. I also recognize that monthly withdrawals will be nonth.
Signature:	Date:
Banl	k and Account Information:
Bank Name:	Phone #:
City/State:	Zip Code:
Name on the account:	
Acct#:	Routing/ABA#:
	Giving Information:
Monthly amount to withdraw:	Month to start:
Account name/number to credit: Missionary Support - Fábio & Johnna	a Muniz. Account Number: 5500-2714-50-29

Please attach a voided check to this space: