



# Prayer and Financial Support Form

**Jonathan and Liz Gould**

**Our Ministry Name is Now Called:**

**Discipling Nations Abroad**

*"The harvest is plentiful but the workers are few. Ask the Lord of the harvest, therefore, to send out workers into His field." - Matthew 9:37-38*

We are expected by our mission agency to form a prayer team and to raise our entire salary and personal ministry expenses in order to serve overseas. Would you please prayerfully consider joining our sending team in one or both of the following ways:

Please mark an "X" as applicable.....

\_\_\_\_ Yes, I would like to pray regularly for your ministry and to receive your prayer letter

\_\_\_\_ Yes, I would like to contribute a one-time gift of...

\$25  \$50  \$100  other \$ \_\_\_\_\_

\_\_\_\_ Yes, I would like to contribute monthly...

\$25  \$50  \$100  other \$ \_\_\_\_\_

\*For auto payment via checking account, please see second page

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**To Donate by Check: Please write all checks to Missionary Support Services and send to:**

Missionary Support Services PO Box 2097 Mount Vernon, OH 43050-7297. On the memo line donors please write in MSS code **(DNA-72)** to designate for Jonathan and Liz Gould

**To Donate by Debit or Credit Card: Please go to the following Website:**

<http://www.disciplingnationsabroad.com/donate>

**and click on the donate button**

**To Donate by Auto Bank Draft: Please Go to Page 2 and fill out form.**



*Helping missionaries focus  
on the mission field*

### Authorization of Automatic Draft

To enroll in automatic bank draft, please fill out the information below. Submit to MSS via one of the following:

1. Scan and email to [support@missionary-support-services.org](mailto:support@missionary-support-services.org)
2. Mail to: Missionary Support Services, PO Box 1672, Monroe NC 28111-1672

#### Customer Information:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone type (Circle One): Home Mobile Work

#### Bank Information:

Type of Account (Circle One): Checking Savings  
Name on Account: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Bank Routing/Transit: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_

Missionary/agency name to which payments should be applied: 72 – Discipling Nations Abroad

Provide specific program, if applicable: \_\_\_\_\_

Amount of donation for each draft: \$ \_\_\_\_\_

#### Debit my account (Check one):

Monthly: On the 1<sup>st</sup> \_\_\_\_\_ On the 5<sup>th</sup> \_\_\_\_\_ On the 15<sup>th</sup> \_\_\_\_\_ On the 20<sup>th</sup> \_\_\_\_\_  
\_\_\_\_\_ Other/Ad-hoc; please provide details: \_\_\_\_\_

Date of 1<sup>st</sup> Donation: \_\_\_\_\_

**Payment Authorization:** By signing below, I certify that I am an authorized user of the bank account provided above. As a convenience to me, I hereby request and authorize Missionary Support Services, Inc. [MSS], to initiate the charge to my bank account payable to the order of MSS. I agree that MSS' rights in respect to each bank draft shall be the same as if it were a check drawn on my bank account and signed by me personally. I also authorize the financial institution to reduce the balance of my bank account by the amount of the bank draft. This authorization will remain in effect until I revoke it in writing at least 20 business days prior to the date the account is scheduled to be charged. I agree that if such charges are not honored, whether with or without cause and whether intentionally or inadvertently, MSS shall have no liability whatsoever.

Authorized Signature (exactly as it appears on the bank account's records):

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