

FREQUENTLY ASKED QUESTIONS

- Q:* How do I sign up for automated giving by bank account debit or credit/debit card charge?
- A:* Simply fill out, sign, date this form and mail it back to OM USA. For bank account debits, you will need to provide a blank, voided check or savings deposit slip. For credit/debit card charges, please fill in the card information requested on the form.
- Q:* When will the automatic transactions begin?
- A:* Select the appropriate date of the month for your transactions to occur and allow at least three weeks for the mail and processing of paperwork.
- Q:* Will I receive an acknowledgement for each of my donations?
- A:* You will receive a receipt on the schedule that you indicate on the form.
- Q:* How do I make changes to this agreement?
- A:* If you are changing the amount or the recipient of your donation, or changing your bank or credit/debit card information, or closing the account, please send us a note by mail or e-mail informing us of the changes. Please give us two weeks' notice.
- Q:* Can I cancel at any time?
- A:* Yes. Please contact us and allow two weeks' notice for the cancellation to take effect.

OUR PURPOSE

OM's role in the body of Christ is to motivate, develop and equip people for world evangelization, and to strengthen and help plant churches, especially among the unreached in the Middle East, Europe and South and Central Asia.

OUR VISION

- Focusing on the unreached
- Partnering with churches
- Caring for our members
- Training & equipping world Christians
- Mobilizing the next generation
- Globalizing our ministry
- Strengthening our organization

OUR CORE VALUES

- Knowing & glorifying God
- Living in submission to God's Word
- Being people of grace and integrity
- Serving sacrificially
- Loving & valuing people
- Evangelizing the world
- Reflecting the diversity of the body of Christ
- Global intercession
- Esteeming the church

Operation Mobilization is an evangelical Christian mission organization incorporated in the State of New Jersey and registered to operate in the State of Georgia. For your records, OM is a 501(C)(3) corporation (your gifts to OM are tax deductible), and our federal tax ID is 22-2513811.

FOR YOUR CONVENIENCE ...

OPERATION MOBILIZATION'S PRE-AUTHORIZED AUTOMATED GIVING PLAN



P.O. Box 444
Tyrone, GA 30290
770-631-0432
info@usa.om.org
www.usa.om.org

AUTOMATED GIVING

Operation Mobilization is pleased to offer a pre-authorized automated giving plan for your convenience. This program is strictly voluntary. Take advantage of automatic bank deductions or credit/debit card charges and there will be no more writing checks or paying postage.

To begin automated giving, complete this form and attach a voided check or savings deposit slip if required and send to:

OM USA—Finance Department
P.O. Box 444
Tyrone, GA 30290

Per OM USA Board directive, OM USA accepts gifts subject to donor designations. However, in accordance with IRS requirements, all gifts are given to and must be treated as belonging fully to Operation Mobilization and are subject to its control. For example: All OM staff in the US receive a set yearly salary. Gifts designated for the support of any individual are used by OM USA to offset the salary and benefits of that staff person. Any gifts received in excess of that individual's salary and benefits are used for the general business expenses of OM USA, including salary and benefits of those who are under-supported.

OM does not encourage the use of credit cards for giving beyond one's means, or in ways that create debt or incur interest charges. Each charge to your account is transmitted securely and confidentially.

SIGN ME UP FOR OM'S AUTOMATED GIVING PLAN

Name/s on Account _____
Last First

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

e-mail _____

Effective the month of _____

• BANK

Date of monthly transfer 5th 20th
 Checking (*attach a check marked void*) Savings (*attach deposit slip marked void*)
Bank Branch Phone Number _____

• CREDIT CARD/DEBIT CARD

Date of monthly charge 2nd 12th 24th
 VISA Discover MasterCard American Express

Card Number _____

Name as it appears on card _____

Expiration Date _____/_____

Please use my **MONTHLY** contribution for the following OM missionaries or ministries:

_____ \$ _____
_____ \$ _____
_____ \$ _____

If you need more lines, please attach a separate sheet.

I would like to receive my **receipts** monthly quarterly yearly

I hereby authorize OM to debit the above amount from my checking/savings account each month, or authorize OM to charge my credit/debit card account each month.

Signature _____

Date _____