



**HOW TO GIVE TO INTERFACE MINISTRIES**

How to contribute to InterFACE Ministries staff:

1. Checks may be made payable to:  
 InterFACE Ministries  
 PO Box 450816  
 Atlanta GA 31145-0816  
 Put staff name on a separate note.  
 You will receive a receipt and return envelope.  
 Or if you provide your email address, you may receive an e-receipt. This saves us postage!
  
2. Online as one time or recurring gifts from your bank account or credit card.
  - Go to [www.iface.org](http://www.iface.org)
  - Click on [donate-to-iface](#). This will take you to a separate giving page where you can set up your contribution through [EasyTithe](#)
  - You will receive both an automatic and a monthly e-receipt and you can go online anytime to verify your data.
  
3. Or you may give by Electronic Funds Transfers with a debit from your bank account each month on the 15<sup>th</sup>. Any changes are made through our office, not online. See EFT instructions.

Please call our national office at 770-934-7797 if you have any questions, or email: [lynn@iface.org](mailto:lynn@iface.org)

**EFT Instructions:**

**Return this portion with your regular donation or a voided check.** Your account will be drafted on the 15<sup>th</sup> of the month and you will receive a receipt every month. Still have questions? See below:

- *Can I choose a different date?* We can only make transfers on the 15<sup>th</sup> or the next business day thereafter if it falls on a holiday or a weekend.
- *What do I need to do if I change banks?* Just send us a voided check from your new bank.
- *What if I want to change my contribution?* Just send us a note or email requesting the change to a new amount prior to the 10<sup>th</sup> of the month.
- *What else do I need to do?* Nothing. We will take care of the rest.
- *How do I end the transfer?* If you wish to terminate your transfer, please call us or send an email to [lynn@iface.org](mailto:lynn@iface.org)

**Electronic Funds Transfer Request**

I authorize you to make the following transfer for the support of:  
 \_\_\_\_\_(staff/project name)

**Please attach a voided check from your account to this form, or a check with your regular donation.**

Month you want to start \_\_\_\_\_

Amount to be transferred \$ \_\_\_\_\_

from ( ) Checking or ( ) Savings

Please list all names on this account.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_