We want to thank you for your interest in supporting us financially.

As full time missionaries of Voice for Christ Ministries (VFCM) www.vfcm.org, we are trusting God to meet all of our financial needs through individuals like you and various churches. VFCM is a 501c3 non-profit charitable organization and thus all gifts are tax deductible. VFCM will provide you with a tax receipt for your records.

For us to be supported, monetary gifts will come to VFCM designated for our support. This money, given to VFCM, will be distributed to us by the guidelines laid out in VFCM policy. Currently the "100%" support level for a married couple with no children is \$2844 per month. Out of which we then will pay for our administration, retirement, medical costs, and any other living expenses. In addition to these regular living expenses, the policy specifies housing relocation money for our initial move. Currently the VFCM policy requires the mission to hold any support over 135% in a reserve fund. We can access this money during a month when financial support is lower or we can designate it for capital equipment purchases for the mission.

There are three options for you to participate in the ministry of VFCM by supporting us financially.

- 1. **One-Time Monetary Gift by Check** Please forward your one-time gift by check to VFCM in the enclosed addressed envelope. Also, include the tear off at the bottom of this page indicating that your gift is a one-time gift only.
- 2. Monthly Monetary Gift by Check Please forward your gift by check to VFCM in the enclosed addressed envelope. Also, include the tear off at the bottom of this page indicating the amount that you expect to give monthly.
- 3. **Monthly Monetary Gift by Automatic Fund Transfers (AFT)** Please complete the enclosed "Automatic Fund Transfers Form", attach the necessary documentation, and forward to VFCM in the enclosed addressed envelope. By using the AFT form, monetary contributions are automatically deducted from the account of your choice on either a monthly or quarterly basis.

May God bless you for your financial sacrifice.

Sincerely,

Karl and Kristan Thieme 10862 111<sup>th</sup> Ave SW Lakewood, WA 98498

Lanewi	50d, WA 90490
	<u>@yahoo.com</u> ww.firstfruitsfarm.com/alaska
 Tear off I	here
Name	(s):
Street /	Address (including zip code):
Teleph	one Number (including area code):
	I (we) am (are) sending this monetary gift to support Karl and Kristan Thieme and would like to send a monthly
	gift of \$
	I (we) would like to make a monthly gift of \$ to support Karl and Kristan Thieme through
	Automatic Fund Transfers (ATF). Please see the attached documentation to set up the ATF.
	I (we) am (are) sending this one-time monetary gift to support Karl and Kristan Thieme

## **AUTOMATIC FUNDS TRANSFERS FORM**

## Voice for Christ Ministries, Inc. PO Box 474, Nenana, AK 99760 I Am Radio Network

I Am Radio Network	ES6323						
For Office Use Only				Date			
Donor Authorization Form							
Effective Date:		Change Donation Date					
□ New Authorization			Change Financial Institution Account				
Change Donation	Amount		□ Discontinue Electronic Donation				
Name on Account (Please Print)							
Address							
City		State		Zip			
Donation Information			#4055 Bennett \$ #4057 Blairs \$ #4060 Davenport \$				
☐ Monthly (Transferre	5 <sup>'''</sup> )	#4065 Eldridge \$ #4066 Garrison \$					
☐ Quarterly (The 1 <sup>st</sup> of the month beginning			#4072 Horning \$ #4087 Skillman \$				
			#4090 Thie	eme	\$		
			VFCM Ger \$	neral Fund			
			Other		\$		
Please take my donation directly from the account specified:							
☐ Checking Account (attach a voided check) ☐ Savings Account (attach a savings deposit slip)							
Routing #: Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols : : Account #:							
I authorize <b>Voice for Christ Ministries, Inc.</b> , I <b>Am Radio Network</b> and <b>Vanco Services, LLC</b> to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.							
Authorized signature on my account: Date:							
Please attach a voided check or savings deposit slip.							