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	awal from my bank account to th Year: C Routing Numbe	alendar date of month	ly trasfer 5th or 20th (circle one)	
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Authorization signature:				
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Address:	City:	State:	Zip:	
Mail Form to: Gospel Fellowship Association 1809 Wade Hampton Blvd Suite 110 Greenville, SC 29609	Contact Us: (864) 270-4862 dnminnick@gfamissions.org minnicksdownunder.org	We (I) would like to Minnick's email upo ————————————————————————————————————		

Note: All donations are tax deductible. A donor receipt will be sent. A direct withdrawal payment can be discontinued at any time. If you have further questions for our mission agency, you can call (864) 609-5500 or visit www.gfamissions.org.

Thank you for partnering with us for eternity!

