



Youth Missions International empowers young people to continually live and share their faith in the global communities they serve.

Make the Biggest Impact

Did you know that 60 percent of U.S. twentysomethings, who were once involved in their church as teenagers, are no longer spiritually active? Youth Missions International (YMI) wants to change that statistic, but we need your help!

By training young Christians and then challenging them to lead evangelistic ministry in unfamiliar surroundings, YMI is providing opportunities for youth to experience the power of God working in and through them as they share the Gospel in the U.S. and around the world. Our training, preparation and ministry leave an indelible imprint on the lives of YMI participants and they emerge confident, mission-minded leaders with an awakened passion for serving God.

If God has put our nation's youth on your heart...you can make an impact by partnering with YMI as a monthly electronic giver. The faithfulness of our **YMI Impact Partners** sets us free to focus on this amazing ministry rather than fundraising.

As the Lord provides and leads, you are welcome to sow on top of your monthly partnership, but first, please make sure we have what we need each month by becoming a **YMI Impact Partner**. Faithful electronic monthly giving provides the reliable funding we need to plan and grow this mission.

Please partner with us today and together we can develop the Christian leaders of tomorrow!



"We thank God for our YMI Impact Partners. Your faithful electronic monthly pledge sustains our ministry and assures that we have funding every month, which keeps our focus on ministry, not fundraising."

*In Christ's service,
Brian Hughes,
President*



Youth Missions International

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I request my bank or credit card company to monthly transfer funds in the amount of \$_____ (US) until further notice. I understand I am in full control of my donation and anytime I wish to make changes I will contact this organization. I prefer a monthly transfer date of the 5th or the 20th (circle one) starting _____ (month).

U.S. banks only.

Checking (Attach a voided check)
 Savings (Attach a voided deposit ticket)

VISA Acct. # _____
 MasterCard Exp. Date _____ / _____

Giver's Name _____ Phone _____
Address _____ E-mail _____
City / State / Zip _____ Designation _____
Date _____ Giver's Signature _____

Separate along dotted line and retain bottom portion for your (donor) records.

Thank you! Your faithfulness is appreciated. Please contact us for any changes required.

Monthly Amount _____ Date of Transfer _____
 Bank Account _____ **Credit/Debit Card** _____

