



Greetings from Nairobi!

Surely this has been a most tremendous year in the Lord's Ministry in Africa. By every measure, it has caused us to pause and wonder at His marvelous ways. As noted in our recent newsletters, we are changing Administration in order to increase efficiencies. We will be transitioning OUT of our "outsourced" administrator

(Shepherd's Staff Mission Facilitators) and INTO handling all administration In-house at

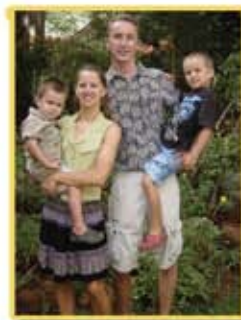
DSM. This transition is in progress now.

If you would prayerfully consider continuing your monthly Automatic Contributions, we will kindly request completion of the form below. This is the most cost efficient method to contribute.

If you have any questions or need assistance, please call DSM's Administrator, Sherri VonHartman, at 561-901-3590. If you do not fill out the form below, your contributions will automatically stop on Dec 31, 2009.

Thank you for your kindness, prayers, support and encouragement to the Ministry. God bless you!

With deep affection and fervent prayers...Paul, Marcia, Isaac and Joshua



**PLEASE COMPLETE THIS FORM AND SEND TO:
Disciple Support Ministries • P.O. Box 15786 • Plantation, FL 33318**

ELECTRONIC FUNDS TRANSFER FORM

I would like to participate in Disciple Support Ministries as follows:

- ✓ **Contribution Amount per Month \$** _____
- ✓ **BEGIN Month of** _____
- ✓ **END:** current Shepherd's Staff EFT (for Cowley's Acct. #5501) the same month Yes No

Two Payment Options:

Checking Account - *must attach Voided Check!*

Bank Name: _____

Address: _____

City: _____ State/Zip _____

Credit Card: () Mastercard () Visa

Name exactly as on card: _____

Account # _____ Expiration: ____/____

In regard to the box checked above, I, _____ authorize my bank Checking account or bank Credit Card to make my donation by method indicated above, and post it to my account as a direct debit. I understand that I am in full control of my payment. If at any time I decide to make any changes or discontinue the EFT service, I will call or write Disciple Support Ministries. Change of payment method will not affect other provisions and terms of my contract. I also understand that the EFT is scheduled on the **20th day of the month.**

Donor's signature: _____ Date: _____

Print Name: _____ E-mail: _____

Street: _____ Phone: _____

City/State:Zip: _____

**SEND THIS FORM TO:
Disciple Support Ministries
P.O. Box 15786, Plantation, FL 33318
Attach Voided Check here!
(if Contributing via Checking Account)**

DISCIPLE
— SUPPORT MINISTRIES —
TRAINING THE PASTORS OF THE LEAST IN NAIROBI, KENYA

Thank you for your support!