My Commitment

_____

❒ Mr. ❒ Mrs. ❒ Miss ❒ Ms.

_____

Address

_____

City State Zip

_____

Phone

_____

E-mail

\

CEF
CHILD EVANGELISM FELLOWSHIP®
Since 1937 *Reaching children worldwide™*

Gift Amount & Payment Options

(See below for credit card & ACH options)

❒ Special gift $ _____

❒ Monthly $ _____

❒ Quarterly $ _____

❒ Annually $ _____

If you would like to donate by credit card, either complete form on reverse side or click the 'donate' button at www.ReachingKidsForJesus.com.

For ACH (bank-to-bank transfer), complete information below.

Checks should be made payable to CEF.

*All proceeds support the **local ministry** here in the Greater Clarksville Chapter.*

❒Gift by Credit Card - I would like to give by credit card as follows:

❒ one time

❒ monthly (on the ___ day each month)

❒ other (quarterly, annually, etc.)

_____

Card type & number

_____

Expiration date CSC#

_____

Name as it appears on card

Terms of agreement: I authorize *CEF* to charge my credit card as specified herein.

_____

Cardholder's signature & Date

Child Evangelism Fellowship
Greater Clarksville Chapter
1209 Southern Parkway
Clarksville, TN 37040
931-241-8202

Thank you for partnering with us to help reach the children!

Gift by ACH (Bank to bank transfer) - Please complete and sign this form and include a voided check.

Terms of agreement: I authorize *CEF* to make an automatic funds transfer (ACH) from my bank on the ❒ 5th or ❒ 20th of each month in the amount of $_____, beginning next month.

_____

Signature Date

The authorizations given on this form will remain in effect until you notify *CEF* in writing that you wish to end this agreement, which you may do at any time.

Be assured that your information will be protected and shredded after the transaction is complete.