

My Commitment

CEF is a member of the Evangelical Council for Financial Accountability (ECFA).

Mr. Mrs. Miss Ms.

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____



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.