



CEF
CHILD EVANGELISM
FELLOWSHIP®
Since 1937 Reaching children worldwide™

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

My Commitment

Mr. Mrs. Miss Ms.

Address

City State Zip

Phone

Email

Gift Amount & Payment Options

(See reverse 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, follow instructions on reverse side.

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

Checks should be made payable to CEF.

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



Everybody can do something to help reach the children!

Thank you for partnering with us to 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.