## Child Evangelism Fellowship of Indiana, Inc. North Central Indiana



Date

		Since 1937 Reaching children worldwide*			
Gift Amount	Gift by EFT (Electronic Funds Transfer)				
□ Please add me to your quarterly newsletter □ Snail Mail □ Email □ One Time Gift □ Reoccurring Support	Now you can give faithfully without writing a check each month. Your bank will automatically transfer the monthly amount you specify. You will continue to receive a receipt as well as a monthly record of your gift in your bank statement. To begin, fill or				
☐ General \$	and sign the form and return it with your monthly gift by				
□ Local Director \$	Terms of agreement: I authorize CEF to ma				
□ In MEMORY or HONOR of	Transfer (EFT) from my bank each month. The authorization will remain in effect until I notify CEF that I wish to end this agreement, which I may do at any time. Enclosed is my				
EFT or credit card amount \$	monthly gift by check, made payable to CEF. Please tra	ansfer my gift of			
Check this box if you would like to give by credit card or	$_{}$ on the $\Box5^{ ext{th}}$ or $\Box20^{ ext{th}}$ of each n	nonth, beginning next month.			
EFT ( <i>Electronic Funds Transfer</i> ) and have filled out the form on the other side.					
If EFT, please enclose first check payable to <b>CEF</b> or a voided check.	Signature to authorize EFT	Date			
Child Evangelism Fellowship of I	ndiana, Inc. North Central Indiana	CEF  CHILD EVANGELISM FELLOWSHIP* FELLOWSHIP* Shor Day Reschies beliefen werdweder			
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☐ Please add me to your quarterly newsletter	Now you can give faithfully without writing a check each	n month. Your bank will			
☐ Snail Mail ☐ Email	automatically transfer the monthly amount you specify.	You will continue to receive a tax			
☐ One Time Gift ☐ Reoccurring Support	receipt as well as a monthly record of your gift in your b and sign the form and return it with your monthly gift by				
General \$	Terms of agreement: I authorize CEF to ma				
☐ Local Director \$ ☐ In MEMORY or HONOR of	Transfer (EFT) from my bank each month. The authorize				
EFT or credit card amount \$	notify CEF that I wish to end this agreement, which I ma monthly gift by check, made payable to CEF. Please tra				
☐ Check this box if you would like to give by credit card or EFT ( <i>Electronic Funds Transfer</i> ) and have filled out the	\$ on the $\Box$ 5 <sup>th</sup> or $\Box$ 20 <sup>th</sup> of each n				
form on the other side.  If EFT, please enclose first check payable to <b>CEF</b>	Signature to authorize EFT	 Date			
or a voided check.					
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☐ Local Director \$	Terms of agreement: I authorize CEF to ma	ıke an automatic Electronic Funds			
☐ In MEMORY or HONOR of	Transfer (EFT) from my bank each month. The authoriz	zation will remain in effect until I			
EFT or credit card amount \$	notify CEF that I wish to end this agreement, which I ma monthly gift by check, made payable to CEF. Please tra				
☐ Check this box if you would like to give by credit card or	\$ on the $\Box$ 5 <sup>th</sup> or $\Box$ 20 <sup>th</sup> of each n				

Signature to authorize EFT

EFT (Electronic Funds Transfer) and have filled out the

If EFT, please enclose first check payable to **CEF** or a voided check.

form on the other side.

NAME							
ADDRESS CITY/STATE/ZIP							
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PHONE (cell) PHONE (home)				control and discre	belonging fully to CEF and are subject to its etion. This card is not a legally binding conto give. We consider it is a free-will expres-		
CASH OR CHECK: enclosed \$				· ·	to give. We consider it is a free-will expres- ve to <i>CEF</i> . Thank you for your partnership.		
I authorize CEF of Indiana, Inc. <i>No</i>		_	_				
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CASH OR CHECK: enclosed \$					ve to <i>CEF</i> . Thank you for your partnership.		
I authorize CEF of Indiana, Inc. North Central Indiana to charge my account in the amount of:   □ EFT (Electronic Funds Transfer) □ CREDIT CARD □ \$TODAY ONLY □ \$RECURRING MONTHLY							
			□ VISA	☐ MASTERCARD	RECORRING MONTHER		
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NAME ON CARD:				360011			
AUTHORIZED SIGNATURE:							