

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



## Gift Amount

- Please add me to your quarterly newsletter  
 Snail Mail     Email
- One Time Gift                       Reoccurring Support
- General                                \$ \_\_\_\_\_
- Local Director                      \$ \_\_\_\_\_
- In MEMORY or HONOR of \_\_\_\_\_
- EFT or credit card amount** \$ \_\_\_\_\_

- Check this box if you would like to give by credit card or EFT (*Electronic Funds Transfer*) and have filled out the form on the other side.

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

## Gift by EFT (Electronic Funds Transfer)

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 tax receipt as well as a monthly record of your gift in your bank statement. To begin, fill out and sign the form and return it with your monthly gift by check, made payable to **CEF**.

**Terms of agreement:** I authorize **CEF** to make an automatic Electronic Funds 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 monthly gift by check, made payable to **CEF**. Please transfer my gift of \$ \_\_\_\_\_ on the  5<sup>th</sup> or  20<sup>th</sup> of each month, beginning next month.

\_\_\_\_\_  
Signature to authorize EFT

\_\_\_\_\_  
Date

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Date

<b>NAME</b>	
<b>ADDRESS</b>	<b>CITY/STATE/ZIP</b>
<b>E-MAIL</b>	
<b>PHONE (cell) PHONE (home)</b>	
CASH OR CHECK: enclosed \$ _____	
<b>I authorize CEF of Indiana, Inc. North Central Indiana to charge my account in the amount of:</b> _____ <input type="checkbox"/> EFT (Electronic Funds Transfer) <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> \$ _____ TODAY ONLY <input type="checkbox"/> \$ _____ RECURRING MONTHLY <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
CARD# _____	EXP _____ Security Code _____
NAME ON CARD:	
AUTHORIZED SIGNATURE:	

*CEF*<sup>®</sup> accepts gifts subject to donor designations. However, in accordance with IRS requirements, all gifts are given to and must be treated as belonging fully to *CEF* and are subject to its control and discretion. This card is not a legally binding contract or a promise to give. We consider it is a free-will expression of intent to give to *CEF*. Thank you for your partnership.

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