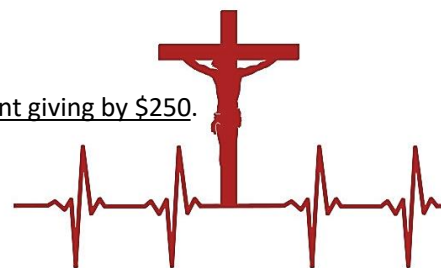




Child Evangelism Fellowship® of Indiana, Inc. North Central Indiana

Life Saving Gospel Plan

- I am a NEW Partner committing to *The Life Saving Gospel Plan* at \$250.
- I am a CURRENT Partner committing to *The Life Saving Gospel Plan* by increasing my current giving by \$250.
- I am NEW Partner committing to *The Life Saving Gospel Plan* at \$500.
- I am a NEW Partner committing to *The Life Saving Gospel Plan* at \$1,000.
- Other – God has laid something different on my heart



Ministry Coordinator *Crystal M. King*

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P.O. Box 54., Argos, IN 46501

www.cefnci.com



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NAME	
ADDRESS	CITY/ST/ZIP
E-MAIL	CHURCH
PHONE (cell)	PHONE (hm)
ONLINE: cefnci.com/partnership CASH OR CHECK: enclosed \$ _____	
I authorize CEF of IN, Inc. NCI to charge my credit card in the amount of:	
<input type="checkbox"/> \$ _____ TODAY <input type="checkbox"/> \$ _____ MONTHLY 2017	
<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: _____	
<p>EVERY <i>child</i>, EVERY <i>nation</i>, EVERY <i>day</i> I am committed to help raise \$20,000 To Reach 20% More unchurched children next year</p>	

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