



Yes, I want to help the local ministry with a gift.

CEF of the Greater St. Croix Valley

Mr. Mrs. Miss Ms.

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

Please enclose your gift with this card. Make checks payable to CEF.

PLEASE DO NOT WRITE NAME ON THE MEMO LINE OF YOUR CHECK.

Thank you for your partnership.

My total gift amount: \$ _____.

Monthly Bi-Monthly Annual Special

SPECIFY: Fund Designation

General Fund Other _____

OR Ministry Representative

Director Field Missionary Other _____

I would like to:

Give through EFT (complete info on the front & back)

Receive your monthly prayer team update via e-mail

Receive your daily prayer chain via e-mail or text (supply email address or cell phone number on left)

Be taken off your newsletter mailing list

CEF will make every effort to honor the contribution designation of the donor; yet contributions must be under the direction and control of CEF. CEF has the discretion to determine how to best use contributions to carry out its functions and purposes. Such control of the funds by CEF is required to ensure the donor's contributions satisfy requirements for tax-deductibility.

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.

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. Attach a voided check, along with signed commitment card. Please transfer my gift of \$ _____ on the 1st or 15th of each month, beginning

_____/_____. Checking

 Month/Year Savings: account # _____

Signature to authorize EFT _____ Date _____

Gifts by credit card or directly from your bank account are now accepted.

Child Evangelism Fellowship of WI Inc.
 Of the Greater St Croix Valley
 PO Box 358 • Clear Lake, WI 54005
 Phone: (715) 263-4344

CEF will make every effort to honor the contribution designation of the donor; yet contributions must be under the direction and control of CEF. CEF has the discretion to determine how to best use contributions to carry out its functions and purposes. Such control of the funds by CEF is required to ensure the donor's contributions satisfy requirements for tax-deductibility.

Thank you for your partnership.

I would like to:

Give today by credit card

Authorize a recurring gift by credit card on the 1st or 15th of each month, beginning _____/_____.

 Month/Year

Please charge my gift of \$ _____ to my

Visa MasterCard
 American Express Discover

Card number _____

Expiration date _____ Daytime phone number _____

Cardholder's name as it appears on card _____

Cardholder's signature _____