



You can help us share the Gospel of Jesus Christ with children throughout Central Maine. Your donation will be transferred conveniently from your checking account or credit card directly to the Central Maine Chapter of Child Evangelism Fellowship. *All monies received are the property of Child Evangelism Fellowship of Maine, Inc., Central Maine Chapter and the local committee reserves the right to distribute the funds as they deem necessary.*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I'd like to make a \_\_\_\_\_ Monthly Gift \_\_\_\_\_ Quarterly Gift \_\_\_\_\_ One-Time Gift

On the \_\_\_\_\_ 5<sup>th</sup> of the month OR \_\_\_\_\_ 20<sup>th</sup> of the month

Start Date (optional): \_\_\_\_\_ / \_\_\_\_\_ (mm/yyyy)

Please apply my donation to: \$ \_\_\_\_\_ General Fund \$ \_\_\_\_\_ Bradley Walker \$ \_\_\_\_\_ Jonathan Dowdy

\$ \_\_\_\_\_ Jonathan Ray \$ \_\_\_\_\_ Summer Missions (specify recipient) \$ \_\_\_\_\_ Other (please specify)

**Total Donation Amount \$ \_\_\_\_\_ (required) (\$10.00 minimum donation)**

\_\_\_\_\_ **Enclosed is a voided check.** Please transfer my gift from my checking\savings account.

OR

\_\_\_\_\_ **Listed below is my credit card information.** Please transfer my gift from my credit\debit card.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_



I understand that I may increase, decrease, or suspend my gift any time through the online donation form at [www.centralmainecef.com](http://www.centralmainecef.com) or by contacting CEF of Maine, Inc. Central Maine Chapter by phone or mail. All donations provided to CEF of Maine, Inc. Central Maine Chapter originating as ACH transactions comply with U.S. Law.

Signature \_\_\_\_\_ (Required) Date \_\_\_\_\_

**KEEP THIS PORTION FOR YOUR RECORDS**

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