



**P.O. Box 2047**  
**Lexington, SC 29071-2047**  
**(803) 358-2330**  
[www.reachacross.net](http://www.reachacross.net)

**PARTNERSHIP GIVING FORM**

You can share in our commitment to bring the word of God and his practical love to the unreached, no matter how difficult or inaccessible they seem to be. Our desire is to see **unreached Muslim people** groups become devoted followers of Jesus Christ.

When you participate, your donation will be transferred conveniently each month from your checking account or credit card directly to ReachAcross. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

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

Address \_\_\_\_\_

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

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

✧ I'd like to make a \_\_\_ One-Time **OR** \_\_\_ Monthly **OR** \_\_\_ Quarterly **OR** \_\_\_ Annual donation of \$\_\_\_\_\_.


✧ Please process my donation on the \_\_\_1<sup>st</sup> of the month **OR** \_\_\_25<sup>th</sup> of the month

✧ Please apply my gift to:     \_\_\_ General     \_\_\_ Missionary Support\*     \_\_\_ Project (specify in comments)  
   \_\_\_ Field\*     \_\_\_ REACH Internship     \_\_\_ Other\*

If you would like to direct your support of a specific ReachAcross worker, intern, field or project, please specify your wishes:

\*COMMENTS: \_\_\_\_\_

✧ I plan to make this donation in the form of \_\_\_ Checking Account **OR** \_\_\_ Credit Card

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

Enclosed is a check for my first month's donation **OR** credit card information for my donation. Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at [www.reachacross.net](http://www.reachacross.net) or by contacting ReachAcross by phone or mail. All donations provided to ReachAcross originating as ACH transactions comply with U.S. Law.

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

**KEEP THIS PORTION FOR YOUR RECORDS**

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For your convenience, record your donation \$\_\_\_\_\_ \_\_\_1<sup>st</sup> of the month \_\_\_ 25<sup>th</sup> of the month  
 Processed \_\_\_ One-Time **OR** \_\_\_ Monthly **OR** \_\_\_ Quarterly **OR** \_\_\_ Annual donation  
 Applied to \_\_\_ General \_\_\_ Missionary Support\* \_\_\_ Project\* \_\_\_ Field\* \_\_\_ REACH Internship\* \_\_\_ Other\*

\*COMMENTS: \_\_\_\_\_