



P.O. Box 4300
Leesville, SC 29070-2300
(803) 358-2330
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 ___1st of the month **OR** ___25th 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 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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