SUSTAINER GIVING FORM

Thank you for choosing to partner with us and make an eternal difference in the lives of children here in Kansas. Your financial partnership will allow us to continue to reach children and share the Gospel.



If you would like to receive updates on the work at Child Evangelism Fellowship of Kansas through our newsletter, mailings, emails, and additional information, please select the "Opt-In" check box.

CT	Name(s)			
CONTACT	Address			
	Phone ()			
GIFT INFORMATION	I'd like to make a:	In Memory/Honor of:		
	Anonymous Donation	Please process on the:		Please apply my gift as follows:
	Memorial Gift	□ 1 st of the month		General
	Honor Gift	15 th of the month		Camp Good News
				Good News Clubs
	As A:			Summer Ministries
	One-time Gift			Pioneer Chapter (SW Kansas)
	Monthly Gift			Where Needed Most
				State Director and Staff fund
GI	To Start on:			Banquet Gift
	//			Grow the Ministry Together
	(mm/dd/yyyy)			Total Gift: (Required)
	Comments:			
Z	Enclosed is a voided check for my donation . Please transfer my gift from my checking account. OR **For One-Time Checking Account donations, please include a completed check with your donation form.			
RMATION				
AA'	My credit card information is listed below for my donation. Please transfer my gift from my credit card.			
	Credit Card Number:			
NF(Expiration Date:/			
I I	I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may			
PAYMENT INFO	increase, decrease, or suspend my gift any time through the online donation form at <u>www.cefofkansas.com</u> or by contacting Child Evangelism Fellowship of Kansas, Inc. by phone or mail. All donations provided to Child Evangelism Fellowship of Kansas, Inc. comply with U.S. Law.			
\mathbf{P}_{f}	Signature			Date
	(Required)			

Please make a copy of this form for your records or you can request one from: