

P.O. Box 4300 Leesville, SC 29070-2300 (803) 597-0237 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.

	State Zip Code	
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	One-Time OR Monthly OR Quarterly OR Annual donation of \$	
♦ Please process my d	nation on the $_{-}1^{st}$ of the month OR $_{-}25^{th}$ of the month	
♦ Please apply my gift	o: General Missionary Support* Project (specify in comments)	
	Field* REACH Internship Other*	
wishes:		
↓ I plan to make this d	nation in the form ofChecking Account OR Credit Card	
*COMMENTS:		
*COMMENTS: *COMMENTS: *Credit Card Number *Enclosed is a check for refrom my checking/credit stipulated above. I unde	Expiration Date / first month's donation OR credit card information for my donation. Please transfer my donator account. I understand my future donations will be transferred directly from my account as and that I may increase, decrease, or suspend my gift any time through the online donation for contacting ReachAcross by phone or mail. All donations provided to ReachAcross origination	orm a

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