

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.



Since 1937

CE F
CHILD EVANGELISM
FELLOWSHIP®

Reaching children worldwide™

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.

CONTACT

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Email _____

GIFT INFORMATION

I'd like to make a: In Memory/Honor of: _____
 Donation
 Anonymous Donation Please process on the:
 Memorial Gift 1st of the month
 Honor Gift 15th of the month

As A: Please apply my gift as follows:
 One-time Gift _____ General
 Monthly Gift _____ Banquet Gift
_____ Camp Good News Ark City
_____ Camp Good News Hutchinson
_____ Good News Clubs
_____ Grow the Ministry Together
_____ State Director and Staff fund
_____ Summer Ministries
_____ Wagner CMI Scholarship
_____ Where needed most


To Start on: _____
_____/_____/_____
(mm/dd/yyyy) **Total Gift:** _____ (Required)

Comments: _____

PAYMENT INFORMATION

_____ 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.*

_____ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

 Credit Card Number: _____

Expiration Date: ____/____

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.cefokansas.com 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.

Signature _____ Date _____
(Required)

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