



Please direct my giving to:

- Christian/Homeschool Teacher Training
- Produce & distribute Christian curriculum
- Supply Christian school supplies
- Use Where Needed Most

- I would like to support the work of CEFF by becoming a **monthly** contributor at the following level:

- \$10/mo \$15/mo \$25/mo \$50/mo
- \$75/mo \$100/mo Other \$ _____

- I have supplied the necessary information on the back of this card to begin my monthly support of CEFF.

- I would like to support the work of CEFF by becoming an **annual** contributor at the following level in a specified month of the year (below):

- \$120/yr \$180/yr \$300/yr \$600/yr
- \$900/yr \$1200/yr Other \$ _____

- Enclosed is a one-time tax deductible gift of \$ _____

- I'd like to **request a presentation about CEFF** for myself or for my:

- Organization Church School

Please complete the information below:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: () _____ E-mail: _____*

**By supplying your email address, we can make your contribution go further by emailing you a year-end receipt.*

CEFF appreciates your prayers and support. We view your financial gifts as part of your support of Christ's Church above and beyond the tithe with which Christ has directed His people to support their local church.

If you have any questions, contact us at:

CEFF • 3508 8th Ave. • Beaver Falls, PA 15010-3429
Contact@CEFF.us • (724) 891-1426

You can also make monthly or one-time gifts online at: **www.CEFF.us**

Print & Sign to establish monthly donations via credit card.

I authorize CEFF to make a monthly charge to my credit card. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Print the following information and sign to initiate your monthly contributions:

Select Credit Card Type: VISA MasterCard Discover

Cardholder Name: _____

Account #: _____

CID #: _____ (Final three digits printed in the signature panel on the back of your credit card)

Exp. Date: _____ Signature: _____

(NOTE: Include Billing Address if different from that supplied on the other side of this response card.)

Billing Address: _____

City: _____ State: _____ Zip code: _____

Print & Sign to establish monthly donations via a bank account.

I authorize CEFF to make monthly withdrawals from my bank account on the 5th day of each month, unless it is a Saturday, Sunday, or holiday, in which case it will be processed the following business day. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Print the following information and sign to initiate your monthly contributions:

Select the type of account: Checking Savings

Name of Primary Bank: _____

Bank Branch/Location: _____

Bank Routing Number: _____

Bank Account Number: _____

Name on Account: _____

Signature: _____

(NOTE: Please include a voided check for monthly bank account donations.)

Attach a voided check here.