

When you join the **Direct Giving Plan**, your gift will be transferred directly each month from your bank account or your credit card (see other side) to Campus Crusade for Christ.

Why join this plan:

- Administrative time/costs will be reduced, enabling your gift to work faster to spread the gospel.
- Works automatically, so you don't have to remember to mail your check.
- Saves on postage cost.

How to join:

- Fill out this form (be sure to sign and date it).
- Return form with a check for the first month's gift.



CAMPUS CRUSADE FOR CHRIST INTERNATIONAL

Bank Account Direct Giving

www.ccci.org/giving_opportunities.html

I would like to begin making my monthly contribution through the Direct Giving Plan with a total monthly gift of \$ _____
I have enclosed a check for my first month's gift. Please transfer my monthly gifts from my bank account. I understand that my future monthly gifts will be transferred directly from my banking account (for credit card, see reverse side) and will appear on my bank statement. If at any time I wish to increase, decrease or suspend my giving, I can contact Campus Crusade for Christ at 1-888-278-7233, option 4.

Please divide my gift in this way:

- A. _____ \$ _____
- B. _____ \$ _____
- C. _____ \$ _____

All gifts provided to Campus Crusade for Christ originating as ACH transactions comply with U.S. law.

My name _____
 Address _____
 City _____
 State _____ ZIP _____
 Daytime Telephone (____) _____
 E-mail _____
 Donor # (9 digits) _____
 Signature _____
 Date _____

I would like the monthly bank-account transfer done on the following date: 5th 20th Doesn't matter.

RETURN TO: CAMPUS CRUSADE FOR CHRIST • ATTN: DIRECT GIVING PLAN • 100 LAKE HART DRIVE • DEPT. 2400 • ORLANDO, FL 32832 • 1-888-CRUSADE



CAMPUS CRUSADE FOR CHRIST INTERNATIONAL

Credit Card Direct Giving

Please transfer my monthly gifts from my credit card. If at any time I wish to increase, decrease or suspend my giving, I can contact Campus Crusade for Christ at 1-888-278-7233, option 4.

Please divide my gift in this way:

- A. _____ \$ _____
- B. _____ \$ _____
- C. _____ \$ _____

Total amount to transfer _____ \$ _____

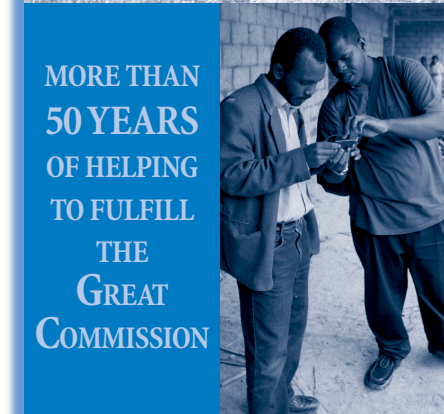
Type of Card:

- VISA MasterCard American Express
 Discover Diner's Club Exp. date _____

Card Number _____
 Name on Card _____
 Billing address _____
 City _____
 State _____ ZIP _____
 Cardholder's Signature _____
 Date _____ Donor # (9 digits) _____
 Daytime Telephone _____
 E-mail _____

I would like the monthly card transfer done on the following date: 14th 28th Doesn't matter.

www.ccci.org/giving_opportunities.html



MORE THAN
 50 YEARS
 OF HELPING
 TO FULFILL
 THE
 GREAT
 COMMISSION