

FRONT

CRM EMPOWERING LEADERS

As the Lord makes it possible, I prefer to invest in the ministry of CRM through:



(Name of staff member, project, or undesignated)

Please make checks payable to CRM*
(Preferred staff names should not appear on check)

Date ____/____/____

Mr./Mrs./Ms./Dr: _____ (Spouse) _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phone: _____ Hm Wk Cell _____ Hm Wk Cell
Primary Secondary

- New Donor
- Previous CRM Donor (# _____)
- New contact info since last gift

- Please include me as a prayer partner
- Age Range: 20 - 29 30 - 39
 40 - 49 50 - 59 60 +

CRM EMPOWERING LEADERS • 1240 N Lakeview Ave. Suite 120 • Anaheim, CA 92807-1847
E-Mail: DonorServices@crmleaders.org • Donor Helpline 800.777.6658 • www.crmleaders.org

Pledge

I plan to give \$ _____

Starting: ____/____/____
month day year

- One time Monthly
- Quarterly Annually
- a check is enclosed \$ _____

Support Options

I have completed my Bank Card or EFT information on the reverse side of this card.

- EFT Donations
- Bank Card Donations
- You can save time and conserve resources by giving online at: www.crmleaders.org/support

BACK

ELECTRONIC FUND TRANSFER (EFT)/BANK CARD TERMS OF AGREEMENT

I hereby authorize CRM to charge my bank account or bank card for the amount(s) indicated on the front. This authorization shall remain in effect until the date listed or until I notify CRM in writing that I wish to end this agreement. A record of my charge will appear on my regular bank card statement(s). CRM will send me a tax deductible receipt for each gift, unless otherwise directed by me.

Signature: _____ Date: _____ One time Monthly

\$ _____ Start date (Required): ____/____ End date (Optional): ____/____ Quarterly Annual
month year month year

Choose one:

EFT: Select date you want debit to occur: 3rd or 18th of month. **Please include a voided check.**

Bank Account #: _____ 9-digit Routing #: _____

Bank Card: Visa MC Discover AMEX **Your bank card will be charged on the 20th of the month.**

Card# _____ Expiration date: ____/____
month year

• **Support online** at: www.crmleaders.org/support

*Your gift is used under the direction and discretion of CRM's management and Board of Directors and is made with the understanding that CRM has complete control and administration over the use of the donated funds. As much as possible, in keeping with the organization's policies and priorities, funds will be applied as preferred.