

When you join one of the **Direct Giving Plans**, 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 www.ccci.org

Bank Account Direct Giving

I would like to begin making my monthly contribution through the Bank Account 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 bank 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 2.

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 • PO BOX 628222 • ORLANDO, FL 32862-8222 • 1-888-CRUSADE



CAMPUS CRUSADE FOR CHRIST INTERNATIONAL

Credit Card Direct Giving

www.ccci.org

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

Card Number _____

Exp. date (required) _____

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.



MORE THAN
50 YEARS
OF HELPING
TO FULFILL
THE
GREAT
COMMISSION

