

Mail-In Donation Form

My Information

Please provide the following information so that we can thank you for your gift.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: (____) _____

Save postage by sending my receipt through email Email: _____

My Gift

<p><input type="radio"/> My check or money order is enclosed.</p> <p><input type="radio"/> Please make this donation anonymous</p> <p>Please use my gift for:</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Where Most Needed</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Counseling Ministry</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Print & Media</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Personal Support <small>Please add name below</small></p> <p><input type="text"/></p> <p>(Name Of CFT Staff Member You Are Supporting)</p>	<p>Please Charge My: <input type="radio"/> Credit Card <input type="radio"/> Debit Card</p> <p><input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>Amount <input type="text"/></p> <p>Name on Credit Card <input type="text"/></p> <p>Card # <input type="text"/></p> <p>Expiration Date <input type="text"/> / <input type="text"/> CVC Code <input type="text"/></p> <p>Signature <input type="text"/></p>
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All gifts are tax-deductible to the full extent allowed by law. Contributions are solicited with the understanding that Christian Families Today has complete control over the use of all donated funds. Our Board-approved policy is that all gifts designated for a specific project be applied to the project.

Honor/Memorial Gift

I wish to make this gift in honor / memory of : _____

Please acknowledge to: _____

Address: _____

City: _____ State: _____ ZIP: _____ Email: _____

<p>Please send this completed form to: Christian Families Today 1039 Sullivan Road Suite 200 Newnan, GA 30265 www.CFTministry.org • 770-502-8050</p>	<p><i>"This service that you perform is not only supplying the needs of God's people but is also overflowing in many expressions of thanks to God."</i></p> <p>2 Corinthians 9:12</p>
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