

CrossRoads Counseling Ministries



GOOD SAMARITAN SUPPORT

- *To pray for specific individuals when asked*
- *To provide financial support*

Today's Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

**Please make check payable to:
CrossRoads Counseling Ministries**

____ I pledge \$_____ to CRCM over the next five (5) years

____ The enclosed gift of \$_____ is a one-time gift

____ The enclosed gift of \$_____ is my annual gift

____ Please accept my enclosed gift of \$_____ in honor/memory of
(*person's name & address*) _____

(A letter of acknowledgment will be sent on your behalf)

____ The above designated gift of \$_____ is to
the **CrossRoads Counseling Ministries Endowment Fund**

____ It would be an honor to be a CRCM Prayer Partner

CrossRoads Counseling Ministries is a 501c3 charitable, tax-exempt organization.

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