

# CROSSROADS

Ministries

***I want to be a Financial Partner with Crossroads!***



*Help Partner - \$25/ Month*



*Hope Partner - \$100/Month*



*Heal Partner - \$50/ Month*



*Kingdom Builder - over \$100/ Month*

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

I want to give by automated bank withdrawal.

(Attach voided Check – lowest processing fees)

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Bank Name: \_\_\_\_\_

I want to give by credit/debit card.

(Up to 3% will be used for processing fees)

Name on Credit Card \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CCV: \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_

Amex  MC  Visa  Discover

Withdrawal Date  5<sup>th</sup>  20<sup>th</sup>

Monthly Withdrawal Amount \_\_\_\_\_.

***I understand that my account will be debited at the time authorization is received and thereafter as noted in the above selections. I remain in full control of my monthly donations and may change or cancel at any time by contacting Crossroads Ministries.***

I want to mail my check monthly, please send me an invoice in the amount of \_\_\_\_\_ every month to the above address.

I would like to give a one-time gift in the amount of \_\_\_\_\_.

My gift is attached (cash or check).

Use Credit Card Information above.

Bill me at the address listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

To Donate online, please go to [www.crossroadsms.org/donate.html](http://www.crossroadsms.org/donate.html)

Crossroads Ministries is a 501(c)(3) non profit organization and contributions are tax deductible as allowed by law. Crossroads Ministries does not sell, lease, lend any information to other organizations or individuals.