

THREE WAYS TO GIVE

- 1 If you choose to give electronically, your gift will be transferred directly to Cru from your bank account or credit card each month. Fill out and return this form with your check or credit card information for your first month's gift.
- 2 If you prefer to give by check, fill out the "Mailing a Check" side of this form. Please give the form and your first check to the staff member.
- 3 You can also start your giving by going to give.cru.org

MY COMMITMENT

STAFF MEMBER _____

STAFF ACCOUNT # _____

AMOUNT \$ _____

MONTHLY OTHER _____

GIVEN ON THIS DAY:

5th 10th 15th 20th 25th

(KEEP FOR YOUR RECORDS)

1 MY COMMITMENT ELECTRONIC GIVING

BANK TRANSFER

Please transfer my monthly gifts from my bank account. Please make checks payable to "Cru" for your first month's gift. I understand that my future monthly gifts will be transferred from my bank account and will appear on my bank statement. If at any time I wish to increase, decrease, or suspend my giving, I need to contact Cru.

SIGNATURE

CREDIT CARD

Please charge my monthly gifts to my credit card.

CARD NUMBER _____

NAME ON CARD _____

EXP. DATE (REQUIRED) _____

I understand that my future monthly gifts will be transferred from my credit card and will appear on my credit card statement. If at any time I wish to increase, decrease or suspend my giving, I need to contact Cru.

SIGNATURE

STAFF MEMBER NAME _____

STAFF ACCOUNT # _____

AMOUNT \$ _____

MONTHLY OTHER _____

DATE FOR RECURRING GIVING:

5th 10th 15th 20th 25th

CONTACT INFO

Please include this information so we can keep you up-to-date on the impact your gift is having on our ministry.

NAME _____ SPOUSE _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

EMAIL _____ SPOUSE'S EMAIL _____

All gifts provided to Cru originating as ACH transactions comply with U.S. law.

2 MY COMMITMENT MAILING A CHECK

CHECK

Please enclose a check made payable to “Cru” for your first month’s gift.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

CELL PHONE _____

EMAIL _____

SPOUSE’S EMAIL _____

MY COMMITMENT

STAFF MEMBER NAME _____

STAFF ACCOUNT # _____

AMOUNT \$ _____

MONTHLY OTHER _____



If at any time you wish to increase, decrease, or suspend your bank transfer or credit card giving, contact Cru using any of the following options:

EMAIL: eGift@cru.org

PHONE: 1-888-CRUSADE (278-7233)

FAX: (407) 826-2427

WEB: Log in to give.cru.org

MAIL: Cru

100 Lake Hart Drive #2400

Orlando, FL 32832

If you give with a check, Cru will send you a receipt for tax purposes and an envelope for your next gift.

(KEEP FOR YOUR RECORDS)