

When you join one of the **eGift** 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.
- Or go to www.give.ccci.org to set this up online.



CAMPUS CRUSADE FOR CHRIST INTERNATIONAL

Bank Account eGift

WWW.CCCI.ORG

I would like to begin making my monthly contribution through Bank Account eGift 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 or e-mail EGift@ccci.org.

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 ☐ 10th ☐ 15th ☐ 20th ☐ 25th

RETURN TO: CAMPUS CRUSADE FOR CHRIST • ATTN: EGIFT • PO BOX 628222 • ORLANDO, FL 32862-8222 • 1-888-CRUSADE



CAMPUS CRUSADE FOR CHRIST INTERNATIONAL

Credit Card eGift

www.give.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 or e-mail eGift@ccci.org. This can also be done online at www.give.ccci.org.

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 _____

Daytime Telephone _____

E-mail _____

I would like the monthly card transfer done on the following date:

☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th



MORE THAN
50 YEARS
OF HELPING
TO FULFILL
THE
GREAT
COMMISSION

