

Yes! I want to join your ministry partner team!

I/we commit a Monthly Annual Special gift of
___\$50 ___\$100 ___\$500 ___\$1,000 ___other \$___

For the ministry of _____ account # _____

Online Giving (I will set up my contribution online at GoCommunitas.org/donate)

Check enclosed (please make checks payable to **Communitas International**)

Credit Card Payment* Card # _____ Security code _____

Exp date _____ Name on card _____

Signature _____ Email _____

Electronic Fund Transfer (EFT)

I authorize Communitas International to begin electronic debits of \$ _____ monthly from my bank. I understand I may cancel at any time by emailing donations@gocommunitas.org or calling 888-242-5930. Enclosed is my blank voided check. Please transfer my gift as indicated above on the ___5th or ___20th of each month, beginning next month.

Signature _____ Date _____

**see reverse for details*



COMMUNITAS
— International —

Contributions: PO Box 438, Lewiston, ME 04243-0438

Correspondence:

2221 E. Arapahoe Rd #3338 Centennial, CO 80161
888-242-5930 | usoffice@gocommunitas.org
GoCommunitas.org

Please print legibly for receipting purposes:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone (____) _____

Thank you for your partnership!

All contributions are tax deductible

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