



THE ALLIANCE

8595 Explorer Drive
Colorado Springs, CO
80920

(719) 599-5999
info@cmalliance.org
www.cmalliance.org

DIRECT DEBIT PROGRAM

Please print and fill out this form and mail it back to us at the following address:

Attn: **Donor Accounting**
The Christian and Missionary Alliance
8595 Explorer Drive, Colorado Springs, CO 80920

You may also fax the form to us with a copy of your voided check at 719-599-5894.

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Signature _____ Date _____

DESIGNATION INFORMATION

AMOUNT	DESCRIPTION
\$ _____ /mo.	GREAT COMMISSION FUND (GCF) (support for global workers, church planters, etc.)
\$ _____ /mo.	GCF for the Support of _____ <small>(Name of Alliance worker)</small>
\$ _____ /mo.	Compassion and Mercy Associates (CAMA)
\$ _____ /mo.	Other _____
\$ _____ /mo.	Other _____
\$ _____ /mo.	TOTAL Designation

CHECKING/SAVINGS ACCOUNT INFORMATION

Please include a **voided check** if your gifts will come from your checking account. Please include a **savings deposit slip** if your gifts will come from your savings account. Your contribution will be regularly deducted from your account **on the 25th of each month.**

CREDIT CARD INFORMATION

VISA Mastercard _____ Exp. Date ____ / ____
(Credit Card Number)

Signature _____ Date _____

