



Please mail this form and your payment to:
Christians for Biblical Equality
122 West Franklin Ave, Suite 218
Minneapolis, MN 55404-2451 USA

Phone: (612) 872-6898
Fax: (612) 872-6891

CBE International

Please *print* all information clearly.
A receipt will be sent to the below address.

Your Contribution

Please check the type of contribution you are making below:

\$ _____
 Monthly

\$ _____
 Quarterly

\$ _____
 One Time

\$ _____
Total Enclosed

Name(s): _____

Address: _____

City: _____ State: _____ Postal: _____

Telephone: _____ Email: _____

Church Denomination: _____

Please select your form of payment:

1. **Credit Card:**

Visa MasterCard Discover American Express

Number: _____

Expiration: _____ / _____ Verification Code*: _____ *The four digits on the front of an American Express card or the three final digits on the back of other cards.

Authorized Signature: _____ Date: _____

2. **Electronic Funds Transfer:** *This option saves CBE money on credit transaction fees!*

Please withdraw funds as indicated.

Account Number: _____ Routing Number: _____

Authorized Signature: _____ Date: _____

3. **Check**

We gladly accept contributions in honor or memory of a loved one(s). Simply fill out the section below.

This gift is in honor of _____
(select only one)

in memory of _____

Send acknowledgement card to:

Name(s): _____

Address: _____

City/State/Zip: _____

Write a personalized message here: _____



We thank you for your support!

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