



**CHRISTIANS in  
COMMERCE**

**2019  
Annual Gift Campaign**

## **Shine Bright! Light the Darkness.**

My 2019 Annual Campaign pledge amount is \$ \_\_\_\_\_

Please indicate below the gift program most convenient for you:

**EZ Pay Method** - Please complete the form on the back side of this card.

**Payment in Full** (Enclose a check payable to Christians in Commerce)

**First Installment enclosed for \$** \_\_\_\_\_

**Stock, securities donation or qualified charitable distributions (QCD)**

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### **Member/Donor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Chapter \_\_\_\_\_

### ***Legacy Planning - Other Ways to Give:***

I would like to be contacted about including CIC in my legacy planning; designating CIC as a beneficiary in my annuities, life insurance policies, retirement planning (IRA's, 401k, 403b), or will.

*Christians in Commerce International is a registered 501(c)(3) organization.*

*Our Federal Employer Identification Number (FEIN) is 41-1652035.*

**Return form & check to Christians in Commerce, 7515 Lee Highway, Falls Church, VA 22042**

## EZ-Pay Method

**My total gift for 2019 of \$ \_\_\_\_\_ will be 12 monthly EZ-Pay payments of \$ \_\_\_\_\_ each, or 4 quarterly payments of \$ \_\_\_\_\_ each.**

### EZ-Pay Automatic Bank Deduction Authorization

I hereby authorize Christians in Commerce to initiate ACH gift payments from my account identified below around the **20th** of each month, 2019. I also authorize the following financial institution to charge the payments to my account:

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**Name of Bank/Credit Union/Savings & Loan**

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

The withdrawals will be made from my  **checking account** or  **savings account**

Routing# \_\_\_\_\_ Account# \_\_\_\_\_

The charge will be made on the following **credit card**:  Visa  MC  AMEX  Discover

Account # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ CCV \_\_\_\_

Name of Cardholder \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

This authority is to remain in effect during this calendar year (2019) until the CIC Home Office has received notification from me to terminate this arrangement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

For CIC office use only

EZ-Pay \_\_\_ eTap \_\_\_ NM \_\_\_ 2019 \_\_\_ MT \_\_\_ MGL \_\_\_ CNL \_\_\_ GD \_\_\_ TY \_\_\_

7515 Lee Highway, Falls Church, VA 22042 ~ 703 205-5600 ~ Fax 703 205-0485 ~ [mcnichol@cicintl.org](mailto:mcnichol@cicintl.org)

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