



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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