



International Fellowship of Christians and Jews®

Reference Code: EGW0000XXEXXX

STEP 1. Print this form and complete the following information:

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip Code _____
Country _____ Email _____ Phone _____

GIFT AMOUNT \$ _____

GIFT DESIGNATION: Where needed most Poverty Security
 Aliyah Israel War

I would like to make my gift by: Check or Money Order (*Please make payable to The Fellowship.*)
 Credit Card ACH/Bank Account

Do you want to make a single gift or a monthly gift? Single Gift Monthly Gift

If you are making a gift by CREDIT CARD:

Check one: Visa Master Card Discover American Express

Print your name as it appears on the card _____

Credit Card number _____ CVV Number _____

Expiration Date _____ Authorized Signature _____

If you are making a gift by BANK ACCOUNT:

Routing Number _____ Account Number _____

Please use the enclosed *Voided Check* to set up my *Monthly Gift*

Authorized Signature _____

(I authorize The Fellowship to deduct my monthly gift from my checking account, knowing my gift will begin when my contribution is received unless a date is specified below.)

Charge my *Monthly Gift* to begin on: (____/____/____)

(You may adjust your authorized monthly gift at any time by calling or providing written notice of thirty days to The Fellowship.)

STEP 2. Mail the form with your check to:

International Fellowship of Christians and Jews
Attn: Accounting
303 E Wacker Drive, Suite 2300
Chicago, IL 60601-5224

Thank you! We will send your U.S. tax-deductible receipt for your records.