



International Fellowship of Christians and Jews®

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

First Name: _____ Last Name: _____ Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

GIFT AMOUNT: _____

Gift Designation:

- Where Needed Most* (10)
 Guardians of Israel (50)
 Isaiah 58 (70)
 On Wings of Eagles (20)
 Stand For Israel (80)

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

Reference Code: EGW0000XXEXXX

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 or fax the form to:

International Fellowship of Christians and Jews
PO Box 96105 Washington, D.C. 20090-6105 | Fax: 312.641.7201

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