



Monthly Giving

ID Number: _____
for internal use

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell _____

Email: _____

Donation Type: Check Automatic Transfer

Today's Date: _____

Automatic Transfer Authorization

Withdrawal Information

Month to begin withdrawals _____

Day of Month for Withdrawal (circle one) 1st 15th

Donation Amount: \$35.00 \$50.00 _____

As a convenience to me, I authorize my bank, named below, to withdraw funds from my account. **I understand that I remain in full control of my transactions and that this method of donation may be stopped at any time.** Any changes in the monthly contribution can be made by contacting CSCM at 708-446-9846, info@cscmkenya.org, or P.O. Box 306, Omaha, NE 68101.

Account Information

Bank Account #: _____

Routing #: _____

Bank Name: _____

City/State: _____

Account Type (check) Checking Savings

Attach a voided check

Account Holder's Signature

Date