



Please mail this form and your payment to:  
**CBE International**  
122 West Franklin Ave, Suite 218  
Minneapolis, MN 55404-2451 USA

Phone: (612) 872-6898  
Fax: (612) 872-6891

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):** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Church Denomination:** \_\_\_\_\_

**Please select your form of payment:**

1.  **Electronic Funds Transfer:**

Please withdraw funds as indicated.  Checking  Savings

**Account Number:** \_\_\_\_\_ **Routing Number:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2.  **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:** \_\_\_\_\_

3.  **Check** (made out to CBE)

**We gladly accept contributions in honor or memory of a loved one(s).**

This gift is  in honor of \_\_\_\_\_

in memory of \_\_\_\_\_

**Send acknowledgement to:**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Write a personal message here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Thank you for supporting CBE!**

CBE is an exempt organization as described in IRC Sec. 501(c)3 and as such, donations qualify as charitable contributions where allowed by law.