Christian Motorcyclists Association
Changing the World, One Heart at a time.

Name(s) ___________________________     Phone (___) _________________________
Address ___________________________     E-mail Address _________________________
City_________________________  State _______  Zip ____________       CMA#________________

I wish to support the ministry of CMA through the following:

__ I commit to partnering with CMA spiritually through consistent prayer support (Rom. 15:30).
__ I commit to partnering with CMA financially through consistent contributions (Phil. 4:14-15).
__ I commit to reaching out to lost motorcyclists along with other CMA’ers (2 Cor.8:5).

__ I wish to financially contribute to the ministry of CMA.

See reverse for details
Christian Motorcyclists Association
Contribution

___ One Time Donation via (Cash) (Check) (Credit Card – provide Card information below)
Apply as follows: $_______ General Funds
 $_______ RFS
 $_______ Multi Purpose Bldg

___ Automatic Monthly Reoccurring Donation (2 options for payment)
Apply as follows: $_______ General Funds
 $_______ RFS
 $_______ Multi Purpose Bldg

1. Automatic Monthly Bank withdrawal: (Enclose canceled check or provide the following):
   Bank Routing Number (9 digits): ___________________________
   Account Number: ___________________________ Effective (10th) or (25th)
   Approving Signature: ____________________________ (circle date desired)

2. Automatic Monthly (or One-Time) Credit Card withdrawal: Card type: (Visa) (MC) (Disc)
   Credit Card Number: ___________________________ Effective (3rd) or (18th) (circle date desired)
   Expiration Date: ________________ ____One-Time only ____Monthly

___ If donation qualifies, please enroll me as a 7 Soldier supporter of CMA.

*****Please present completed forms to Registration or Goodie check-out*****