

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

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**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*****

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