



Christian Cyber Ministries

ccm Fire*Starter Monthly Partner
*Yes, Pastor Bill, count me in as a
"Fire*Starter" helping you spread the
Gospel of Jesus Christ throughout the World*

Monthly pledge for Electronic Transfer

I want to transfer funds on the _____ 5th or _____ 20th of the month (Check One)
This authorization will be the same as if I had personally signed a check and will remain
in effect until I notify Christian Cyber Ministries that I wish to change or terminate it.

Monthly Bank Transfer Donation Information

I am enclosing the necessary banking information to begin
the transfer program from my bank account by enclosing:
_____ This month's donation check --- or --- _____ voided bank check. (Check One)

Monthly Credit Card Donation Information

Please charge my credit card each month

Credit Card # _____

Credit Card Expiration Date _____ Visa --- MC --- (Circle One)

Signature _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

City/State/State: _____

Complete this form, make a copy for your records and mail to:

Christian Cyber Ministries
PO Box 406
Cambridge, MN 55008

