

Automated Monthly Giving Plan

Thank you for your continued support of this ministry through your monthly partnership. You are making it possible to reach others with the truth of the Gospel of God's love, grace, and healing.

We are pleased to offer a free and convenient service that will help simplify your life and make your gifts even more effective in reaching others by reducing ministry administrative costs. Enroll today in our convenient Automatic Monthly Giving Plan. This easy plan allows you to transfer your partnership gifts automatically from your bank or charge them to your credit or debit card account each month.

- ♥ You save time and effort.
- ♥ Eliminates lost mail and postage expense.
- ♥ Your gift goes further by reducing administrative costs.
- ♥ There's no additional cost to you.
- ♥ Your personal information will be kept strictly private and confidential.
- ♥ You may cancel or change this program with a 10-day written notice.

Thank you for considering this option. By participating, your hard-earned gifts will go a little further and giving will become easier and more convenient for you. To begin your participation in this convenient plan, complete the coupon below, detach it, and mail it in today to Cecil and Lisa Paxton Ministries, PO Box 50555, Colorado Springs, CO 80949.

Yes, I authorize an automatic monthly partnership contribution

I wish to sign up for automatic ACH donations:

Please deduct my monthly gift of \$_____ from my checking account.

(Please note: You must enclose a voided check with this form to initiate ACH transactions.)

I authorize my gift to be withdrawn from my account on the 5th of each month beginning _____/_____
Month Year

I wish to sign up for automatic credit card donations

Please charge my monthly gift of \$_____ to my credit/debit card.

Credit Card (Circle One): Visa MasterCard Discover AMEX

Card Number _____ Expiration Date ____/____ Security Code _____
(last 3 digits on back of card)

I authorize my gift to be charged to my account on the 5th of each month beginning _____/_____
Month Year

Apply my donation to: ___CD of the Month ___Grace and Faith ___Television Expansion ___Business

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Email: _____

This authorization is to remain in effect until Cecil and Lisa Paxton Ministries, Inc. has received written notification from you of its termination in such time and in such manner as to afford Cecil and Lisa Paxton Ministries, Inc. and Depository a reasonable opportunity to act upon it. The Cecil and Lisa Paxton Ministries staff keep every detail of your personal information STRICTLY PRIVATE AND CONFIDENTIAL. All offerings, less the value of product received, are tax-deductible as allowed by IRS regulations.

Cecil and Lisa Paxton Ministries, PO Box 50555, Colorado Springs, CO 80949 ~ 719-243-4100 ~ www.clpmi.org