



Pledge Form

To assist in the development of Christian leaders in the armed forces of the world and in the establishment and growth of military Christian fellowships.

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid:
___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks to:

ACCTS
PO BOX 27239
Denver, CO 80227