

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)

Christian Motorcyclists Association Contribution

_____ Automatic Monthly Reoccurring Donation (2 options for payment) Apply as follows:

\$_____ per month to General Funds

1. Automatic Monthly Bank withdrawal: (Enclose canceled check or provide the following):

Bank Routing Number (9 digits): _____

Account Number: _____

Effective date (circle date desired): (10th) or (25th)

Approving Signature: _____

2. Automatic Monthly Credit Card withdrawal: **Card type: (Visa) (MC) (Discover)**

Credit Card Number: _____

Effective date (circle date desired): (3rd) or (18th)

Expiration Date: _____

_____ **If donation qualifies (minimum \$7/mo), please enroll me as a 7 Soldier supporter of CMA.**

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