

I wish to partner with Samson and Priscilla Retnaraj

- I wish to continue my giving commitment in the amount indicated at the right.
- I want to begin partnering with the Retnarajes financially.
- I would like to commit to Retnarajes prayer team. Please include me on their newsletter and prayer partner list.

NAME _____

STREET OR PO BOX _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

CHURCH NAME _____ My preferred method of contact: mail email text phone

I'd like more information about naming EFM in my estate plan.

All donations are tax deductible. Our commitment to you is that all donations to EFM are used as designated, except once a ministry is fully funded, we follow policy to use funds for the next closest ministry need.



friendsmission.com

EFM • PO Box 525 • Arvada, CO 80001
303.421.8100 • efm@friendsmission.com

GIFT AMOUNT

THIS INFO HELPS REETNARAJES REACH DEPUTATION FUNDRAISING GOALS AND MAY RE-AFFIRM OR REPLACE PREVIOUS COMMITMENTS.

- Today's Gift \$ _____
- Monthly Ongoing Commitment \$ _____
- Quarterly \$ _____

I would like to give by Credit or Debit Card or Electronic Funds Transfer and have filled out the back of this card.

THREE MORE WAYS TO GIVE

Investing in the ministry of EFM has never been easier.

1 ELECTRONIC FUNDS TRANSFER

Please transfer my monthly gift as indicated on the back of this card on the 10th or 25th of each month.

Enclosed is my check payable to EFM for the first month. I authorize a monthly Electronic Funds Transfer from my bank to EFM in the amount specified. This authorization will remain in effect until I notify EFM that I wish to change or end this authorization, which I may do at any time.

Signature _____

Date _____

2 SECURE ONLINE GIVING

You may donate online or set up your recurring giving by credit/debit card or PayPal at friendsmission.com/donate.



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3 CREDIT OR DEBIT CARD

You may call 303.421.8100 to donate now.

- Please call me so I can make donation(s) by credit card.
- Please charge today's gift to my MasterCard, Visa, or Discover
- Please charge my card for recurring donations in the amount on the back of this card on the 10th or 25th.

Card Number _____

Name on Card _____

Exp. Date _____ / _____

Signature _____