

2017 Donor Form

	or Information Indicate any corrections or updates you would	d like us to make to our recor	ds.	
	NAME:			
ADI	DRESS:			
ı	E-MAIL :			
Geneva are rece	tion Information Campus Ministry is recognized as a 501(c)3 ived to the General Fund and then allocated S! I will support Geneva Campus	according to the needs of ou		ctible. All gifts
		-	an voluntoor	
	I cannot offer a financial gift at this time, but please see the ways that I can volunteer. Enclosed, please find my gift of \$			
	I would like to donate using a credit card:		Other:	
_	Donation Amount: \$			
	Account Number:			
	Name (as it appears on card):		MM YY	
	Billing Address: Please print clearly.			
	(If different than above.) Street	City	State	Zip
By s	signing below, you authorize Geneva Campus selected recurring payments, you may cance		ally bill the card as s	pecified above. If you
	Signature:		Date:	
	dback e check which aspect of our programmir	ng interests you most.		
	I support Geneva Locally in helping to	fund its moving to a new lo	ocation.	
	I support Geneva Locally in the Geneva Lectures that address all area of life and learning.			
	I support Geneva Nationally by helping to match the grant from the Lilly Endowment for the Geneva CORE Fellowship.			
	I will commit to an annual pledge to help match the Lilly Grant.			
	 I support Geneva Internationally by funding the International First Friday Gatherings and Scholars Exploration Group. 			

THANK YOU FOR YOUR SUPPORT!