



THANK YOU FOR SUPPORTING CARIBBEAN MOUNTAIN ACADEMY & CROSSWINDS!

Mail completed card to Crosswinds at 4150 Illinois Road, Fort Wayne, Indiana 46804.

Name: _____ Email: _____

Address: _____ Phone: _____

Gift level: \$25 \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Form of Payment: Check Enclosed Invoice Me Credit Card Electronic Funds Transfer

If paying by credit card, please fill in information below.

Card: _____ Expiration Date: ____/____ CSC: _____

Signature: _____

If paying with Electronic Funds Transfer (EFT), please fill in information below.

Routing #: _____ Checking Account #: _____

Name: _____ Signature: _____

I authorize Lifeline/Crosswinds to process debit/credit/EFT entries from my account according to the information provided. This authorization shall remain in effect until I contact Lifeline/Crosswinds. Contributions are solicited with the understanding that Crosswinds, Inc. has complete discretion over the use of all donated funds.

Please direct my gift toward:

I would like my gift to be a:

- One-time gift
- Recurring gift on the
 1st 15th 30th
of each month.
- I'd love to receive your e-newsletters!
- I'd like to learn more about a short-term mission trip to Caribbean Mountain Academy

YOU CAN DONATE ONLINE!

crosswinds.org/staff-support

QUESTIONS? 877.594.9204