



Donation Form

I WISH TO MAKE A GIFT OF:

\$750 \$350 \$150 \$75 \$35 Other \$ _____

My gift is in memory or honor of _____

Comment _____

I want to make a monthly contribution to the work of CNEWA

\$750 \$350 \$150 \$75 \$35 Other \$ _____

*A monthly gift entitles you to a membership in **Communitas CNEWA**, a fellowship of committed supporters who sustain this vital work of healing and hope.*

AS A MEMBER OF COMMUNITAS CNEWA, YOU WILL RECEIVE:

- An annual subscription to *ONE*, CNEWA's award-winning publication
- Invitations to special events, online briefings with our partners in the field and access to special reports
- Opportunities to connect more deeply with the Eastern churches and the people they serve.

NOT READY TO DONATE YET?

Please send me an:

electronic or a printed copy of *ONE* Magazine



WANT TO ADD FRIENDS OR FAMILY TO OUR MAILING LIST?

Enter their name, full address and/or email address

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

PAYMENT METHOD

Check enclosed (payable to *CNEWA*)

Credit card    

Card number _____ Expiration Date ____ / ____

Name as it appears on card _____

Signature _____ Date _____

- A tax receipt will be issued for gifts of \$10 or more
- IRS Tax ID # 13-1623929

Please complete the following information

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

GIVE WITH CONFIDENCE

*CNEWA uses only a small fraction of your gift to cover our administrative expenses.
We're committed to using your generosity frugally and well.*