

YES! Please sign me up for the National Coalition for the Protection of Children & Families' Automated Monthly Giving Program!

You can share in our commitment to move the people of God to embrace, live out, preserve and advance the biblical truth of sexuality.

When you participate, your gift will be transferred conveniently each month from your checking or credit card account directly to the National Coalition.

Your gift will go even further because our paperwork will be reduced and our income will be more predictable, putting your gift to work immediately to help the people who are served by our mission.

A record of each gift will appear on your monthly bank or credit card statement. You may increase, decrease or suspend your gift at any time by contacting us at 513-521-6227 or by mailing us at 800 Compton Road, Suite 9224, Cincinnati, OH 45231. All gifts provided to the National Coalition for the Protection of Children & Families originating as ACH transactions comply with U.S. law.

Here's how to join . . .

1. Use this form to indicate the amount you want to contribute each month from your checking or credit card account. Indicate the amount here and keep for your records: \$ _____
2. Be sure to sign your name and indicate the date below.
3. Return the completed enrollment form with a check for your first month's gift to: NCPFC, 800 Compton Road, Suite 9224, Cincinnati, Ohio 45231. Your Automated Monthly Gifts will begin transferring in about four weeks.

The National Coalition for the Protection of Children & Families Thanks You for Your Generous Support!

YES! Please sign me up for the Automated Monthly Giving Program!

With a monthly gift of: \$10 \$20 \$30 Other: \$ _____

Enclosed is a check for my first month's gift. Please transfer my monthly gifts from my checking account. I understand my future gifts will be transferred directly from my account.

OR

Here is my credit card information. Please transfer my monthly gifts from my credit card. I understand my future gifts will be transferred directly from my credit card.

Card#: _____

Exp. Date: ____/____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

E-mail: _____

Signature: _____

Date: _____

For Office Use Only: _____

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