



CHRISTMAS GIFT CATALOG

Provide a Home for an Orphan in India

Cost: (approx \$8/week) \$35/month
Quantity: _____ Total: _____

Give Christmas Cheer to the Poor

Cost: \$10/person
Quantity: _____ Total: _____

Supply Emergency Relief for Disaster Victims

Cost: \$10
Quantity: _____ Total: _____

Medical Treatment for the Poor

Cost: \$150
Quantity: _____ Total: _____

Living Hope Theological College - India

Cost: \$50/student/month \$300/student/term
Quantity: _____ Total: _____

Sewing School and Sewing Machine - Asia

Cost: \$100/student/full course
Quantity: _____ Total: _____

Jaya Nursing Institute - India

Cost: \$50/student/month \$300/student/term
Quantity: _____ Total: _____

Living Hope School - India

Cost: \$20/child/month \$200/child/year
Quantity: _____ Total: _____

Open Air Evangelism

Cost: \$50/partial cost \$300 entire cost
Quantity: _____ Total: _____

Free Medical Clinics

Cost: \$300/3-day medical clinic
Quantity: _____ Total: _____

Bore-hole Evangelism

Cost: \$100/share \$2500-\$5000/well
Quantity: _____ Total: _____

Establishing New Churches

Cost: \$75/Bible
 \$125/month/pastor salary
 \$150/Bicycle
 \$1500/motorcycle
 \$2500/church building
Quantity: _____ Total: _____

Youth and Children's Ministries

Cost: \$50
Quantity: _____ Total: _____

Leadership & Women's Conferences

Cost: \$50
Quantity: _____ Total: _____

Youth Community Explosion

Cost: \$50
Quantity: _____ Total: _____

Community Outreach Center

Cost: \$50
 \$100
 \$250
 \$500
 other \$ _____

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I would like to give by: Check Automatic Withdrawal - AUTHORIZATION AGREEMENT for DIRECT PAYMENT (Complete Section Below)

I hereby authorize Christian World Missions, hereinafter called CWM, to initiate debit entries to my Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.
(Please enclose a voided check.)

Depository (Your Bank) Name: _____

City: _____ State: _____ Zip: _____

T/R (Routing) Number: _____

Account Number: _____

This authorization is to remain in full force and effect until CWM has received written notification from me of its termination in such time and in such manner as to afford CWM and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____ Date: _____