



Authorization Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Gift Designation: _____

Where most needed

I authorize Chosen People Ministries to arrange automatic monthly deductions for my support gift of \$_____, beginning _____ (month), _____ (year). I prefer to give via my:

Credit or debit card

Number: _____ Exp. Date (mm/yy): ___/___

Checking or savings account *(please enclose a voided check for account verification)*

Signature: _____ Date: _____

Please return to:

Chosen People Ministries
241 E. 51st Street
New York, NY 10022

Chosen People Ministries is a nonprofit evangelistic organization dedicated to reaching Jewish people with the Gospel. We are depended upon God and the resources he provides through the gifts of people who share our concern for the salvation of the Jewish people.

All contributions to Chosen People Ministries are tax deductible.