

Excel In Giving Application



Church Extension Fund

1 MINISTRY INFORMATION

Ministry Name: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

2 CONTACT PERSON

Name: _____ Phone: _____
E-mail: _____ Title: _____

3 ELECTRONIC GIVING PROVIDER

Provider Name: _____ (Please submit recent invoice)
Monthly Electronic Giving Income (Appx):\$ _____
Total Number of Giving Units: _____ Total Number of Electronic Giving Units: _____

X _____
SIGNATURE Date

Please return by October 31 to:

3773 Geddes Road, Ann Arbor, MI 48105-3098 | 800-242-3944 | cef@mi-cef.org