



FOCUS Donation Form

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Please enclose this form with your check or credit card information and mail to the address above.

Donor Information

Name(s): _____

Address: _____

Phone: _____ **Email:** _____

- Please expect a matching gift from my employer.
- Please contact me about including FOCUS in my estate plans.
- I would like to receive a monthly prayer calendar by email.
- I am a FOCUS alum.
- Please send me information on: Student Programs Volunteering
- Please remove me from your mailing list for fundraising purposes.

Gift Information

Designation: National Ministry Area Ministry: _____

Amount: \$_____ One-time Monthly Gift

- Method:**
- Check Enclosed (Payable to FOCUS)
 - Electronic Funds Transfer (Provide a voided check)
 - Credit Card

Card Number: _____

Name on Card: _____

Exp: ___/___ Sec. Code: _____ Signature: _____

My/our gift is: in honor of: in memory of: _____

If you would like the person or a family member to be notified of your gift (no amount will be mentioned), please indicate their name and address below:

Name(s): _____

Address: _____

Fellowship of Christians in Universities and Schools, Inc. is a 501(c)(3) tax-exempt organization.

Contributions to area ministries will be used first to fund the operating costs of the local ministry, including costs associated with providing programs and administrative services at the national level, and excess funds may be reallocated to support other area ministries, or particular initiatives and continuing efforts of the ministry as a whole, at the discretion of the Area Sponsoring Committee and Area Director.