

Contribution Form

Yes, I would like to help send _____ to The Dream Center on the short-term mission trip.

Included is my contribution for: \$ _____

Donor Name: _____

Donor Address: _____

Name on Credit Card: _____

Credit Card: _____ Exp. Date: _____ CVV #: _____

Yes, I will be a Prayer Partner with the Dream Center short-term mission.
I commit to pray for _____ and the entire team.

Please use this Contribution Form and attach with your check made payable to "Christian Faith Fellowship Church" or "CFFC". All donations are tax-deductible. Checks should be mailed to:
CFFC 3188 Route 94, Franklin, NJ 07416

Contribution Form

Yes, I would like to help send _____ to The Dream Center on the short-term mission trip.

Included is my contribution for: \$ _____

Donor Name: _____

Donor Address: _____

Name on Credit Card: _____

Credit Card: _____ Exp. Date: _____ CVV #: _____

Yes, I will be a Prayer Partner with the Dream Center short-term mission.
I commit to pray for _____ and the entire team.

Please use this Contribution Form and attach with your check made payable to "Christian Faith Fellowship Church" or "CFFC". All donations are tax-deductible. Checks should be mailed to:
CFFC 3188 Route 94, Franklin, NJ 07416