



Christian Leaders for Africa

contribution form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Please apply my contribution of \$ _____ to the following fund:

- CLA General Fund
- Full Scholarship Support:
 - \$2500 for a single student
 - \$3200 for a married student
 - \$3900 for a married student, spouse in Ministries Program
- CLA General Scholarship Fund
- CLA Scholarship Endowment
- African Faculty Support
- Library Development Fund
 - annual gift for a subscription (average cost is \$100/year)
journal name: _____
 - one-time gift to use where most needed

Please consider this contribution a: one-time gift monthly gift

Please apply this contribution to the student(s) named below:

signature

date

send completed form and your contribution to:

Christian Leaders for Africa

P.O. Box 1642

Indianapolis, IN 46206