



Sign-up Form

Please complete the form online with your credit card or debit/check card information or print the form and mail it in with a check to:

CBN Living Tributes

977 Centerville Turnpike, Virginia Beach, Virginia 23463
In Canada: CBA, Box 700, Scarborough, Ontario M1S 4T4

Tribute Information

Name of person(s) being honored:

Address of person(s) being honored (not required):

Honoree's e-mail address (not required):

Occasion to be remembered (if any):

i.e. anniversary, graduation, home-going, birth, job promotion, etc.

Write your remarks about the honoree(s) and/or the occasion to be remembered:

(Please limit your remarks to 100 words or less.)

Please include the following information in a Web page on CBN.com:

I am attaching a photo to be displayed with my online tribute.

Donor Information

This Living Tribute gift is given by:

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____


Gift Information

Living Tribute gift amount:

\$100 \$500 \$1,000

\$5,000 \$ _____

Give online using your credit card or debit/check card or mail in a check payable to **CBN**.

 All funds are used for designated projects and for the worldwide ministry of CBN in accordance with Ezra 7:17-18. Canadian funds will be used to fulfill the ministry of CBA in accordance with Canadian law.

If you are making the gift using your credit/check card: Card Type: Visa Mastercard

Number: _____ Expires: Month ____ Year ____

Signature: _____

Would you like to send an announcement package to other donors and honorees of this gift? Please see reverse side.

Announcements

Please send a CBN Living Tribute announcement package to the following people who have also contributed to, or are honored by the gift:

Donor Honoree

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Donor Honoree

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Donor Honoree

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Donor Honoree

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Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

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Donor Honoree

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City: _____ State: _____ Zip: _____

E-mail: _____