

**Crystal River CD of the Month Club
\$20.00/month Donation**

Name: _____

Address: _____

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Card: VISA _____ MCard _____ Discover _____

Card #: _____ **Exp Date:** _____

Security Number on Back of Card (3-digit #) _____

Date you want to begin CD of the Month Club _____

Email: _____

Signature: _____

**Mail form along with payment to:
Crystal River Ministries
P. O. Box 53251
Lubbock, TX 79453
806/745-7377**

Email: Crystalriverlubbock@yahoo.com **Website:** www.Crystalriverlubbock.com

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