

XA Network Partnership Form

As I/We are able, I/We promise to invest \$_____ in support of XA Network

My GIFT *Use the section for a one-time gift*

- My gift of \$_____ is enclosed (Please make check payable to XA Network)
- My gift of \$_____ will be sent to AG US Missions Acct. # 6065361

My PROMISE *Use this section for monthly/yearly support*

- My initial gift of \$_____ is enclosed and I will send \$_____ monthly directly to XA Network: **XA Network * PO Box 66 * Hagerstown, MD 21741-0066**
- My initial gift of \$_____ will be sent to AGUSM and I will send \$_____ monthly to account # **6065361**. Make check payable to US Missions and note "XA Network" and mail gift/monthly support to:

Acct. #6065361 · AGUSM 1445 N. Bonville · Springfield, MO 65802-1894

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

XA Network: Connecting Chi Alpha grads for missional marketplace transformation!

Thank you for partnering with and supporting the XA Network, an entity of Chi Alpha Campus Ministries. All funds will be deposited with the XA Network, a separate non-profit organization and are tax-deductable. For more information go to www.xanetwork.org. or www.chialpha.com.