

The United States currently has a population of over 313 million people; we are looking to partner with a very small percentage of those individuals -7,000. **Ministry Partners** share our vision that our public schools are in need of transformation and that transformation needs to bubble up locally through educators and friends of education like you.

Ministry Partners commit to support *Christian Educators Association International's* efforts to <u>transform our schools through God's Love and Truth</u> financially and in prayer.

CEAI is a professional association serving educators and support staff in public and private schools with daily operations and support for members being funded by membership fees. Our partners will be support efforts targeted above and beyond the daily support of our members such as:

- ➤ Enhancing media presence casting the CEAI Vision
- > Tackling issues in the courts to assure the religious freedoms of educators, parents, and students.
- ➤ Publishing and distributing materials to encourage and equip those outside our membership ranks to openly live out their faith within the schooling culture.
- Conducting workshops and seminars across the country supporting CEAI's Mission *To encourage, equip, and empower educators according to Biblical Principles.*

Ministry Partners will be asked ...

- ✓ To keep the above efforts in prayer and share with those in their sphere of influence about the many issues impacting public education today.
- ✓ To make a monthly tax deductable donation of at least \$25 to the Ministry of CEAI.

CEAI will provide partners with...

- ✓ Insider communication about what is happening across the country and locally within the schooling culture and what they are doing about it.
- ✓ Access to many of the resources accessible to members (newsletters, magazines, devotionals, and more).

Complete the Authorization for Monthly Automatic Deduction form (on back) today!

Ministry Partner Authorization for Monthly Automatic Deduction Using Bank Account (preferred) -- or Credit Card

Name:		Daytime Telephone:
Billing	Address:	
City: _	ST:	Zip: Email:
		Beginning of the Month Middle of the Month thdrawn: \$
Bank		rawal-preferred by CEAI (Please attach a voided check to this form) Account #:
CEAI PO Bo Westl	his form (and voided k if applicable) to: Membership Svc Cntrox 45610 ake, OH 44145 OR h your check to the and fax this form 0-250-9584. e DO NOT email	If using bank account, attach voided check here
Credit Card		d and Discover Exp. Date:/ Name on card (print): Date