Credit Card / Debit Card Information

By completing this form, I authorize the Church to charge the amount indicated below.

Name (as it appears on the card) _____

Billing Address _____

City/State/ Zip _____

Credit Card Number _____

Expiration Date: _____ / _____ /_____ CVC #_____

Type of Card: ___ Master Card ___ Discover Card ___ Visa ___ AMEX ___ Bank Card (debit)

Amount to be charged $ _____ ___ One time ___ Monthly ___ Other (specify)

Signature _____

Remember that the church may not receive the entire amount specified, as we may pay a fee to the credit card company. If you are interested in adjusting the amount to insure the church receives the entire gift intended, please check with the church office for the exact fee for your card.

Dreaming God's Dream

NO GIFT TOO SMALL, NO DREAM TOO BIG.

For CHURCH RECORDS

Envelope # _____ (for office use)

Name _____

Address _____

City _____ State _____ Zip Code _____

I plan to give $ _____ each ☐ week ☐ month beginning _____

for an annual total of $ _____ . _____ (date and year)

I understand that this commitment can be changed at any time by giving notice to the church officer.

☐ I would like to talk with someone about including the church or church-related institution in my will.

Signed: _____ Date: _____

Dreaming God's Dream

NO GIFT TOO SMALL, NO DREAM TOO BIG.

For CHURCH RECORDS

Date: _____

With others in my congregation, I commit myself to give in proportion to what I have for the ministries of the church and the proclamation of the good news of Jesus Christ.

I plan to give $ ____ beginning _____ (date and year)

Each ☐ week ☐ month

Annual Total $ _____