

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: \_\_\_\_\_

# Imagine Together

For **YOUR 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 \$ \_\_\_\_\_



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### 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.

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