

GIVING FORM

Your Support Helps Change Lives!!

Testimony Life Resources depends upon the financial support of individuals who share in our vision to provide professional help to people who are hurting, struggling, or in need of direction. We appreciate your gift, and we are committed to being good stewards of the resources you have entrusted to our organization. If you have any questions, don't hesitate to contact our office.



Note: The form below is for setting up a **NEW** recurring or one-time gift. To make changes to an existing recurring gift, please contact us directly at 949-466-2131 or info@testimonylife.com.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

I'd like to make a _____ Monthly Gift _____ Annual Gift _____ One-Time Gift

On the _____ 5th of the month **OR** _____ 20th of the month

In the amount of: _____ \$12 _____ \$20 _____ \$50 _____ \$100 \$ _____ Other Amount

Please apply my gift to: _____ General Fund **OR** _____ Testimony12

Please transfer my donation from my:

_____ Checking Account [*Please attach a voided check*]

- OR -

_____ Credit Card Account CC Number _____ Expiration Date ____ / ____



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time by contacting Testimony Life Resources by phone or mail. All donations provided to Testimony Life Resources comply with U.S. Law.

Signature _____ Date _____

(Required)

KEEP THIS PORTION FOR YOUR RECORDS

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