

E-Giving Program – Electronic Tithes and Offerings



“But just as you excel in everything... see that you also excel in this grace of giving.”
– 2Corinthians 8:7

You may use this form to make donation directly from your checking account or from a credit card. If you use a credit card, please be sure you will be able to pay off the monthly balance. Please enter the necessary info in the memo line provided below.

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____

I'd like to make a _____ Monthly Gift on the _____ 5th of the month OR _____ 20th of the month
_____ Semi-Monthly Gift on the 5th of the month AND 20th of the month
Note: For Semi-Monthly gifts the total donation amount specified below will be debited on the 5th & 20th of the month
_____ One-time Gift on the _____ 5th of the month OR _____ 20th of the month

Starting Date for donations (optional): _____ / _____ / _____ (mm/dd/yyyy)
Ending Date for donations (optional): _____ / _____ / _____ (mm/dd/yyyy)

Please apply my gift to: \$ _____ Regular Tithes & Offerings
\$ _____ The Next Step Project (building fund)
\$ _____ Mission Trip (country & name in Memo)
\$ _____ Special Project (identify in Memo)

Memo identifying project or person's name: _____

Yes! I want the full amount of my donation amount to go to the church. Please add the amount specified below to help offset the processing fee that will be charged to Fellowship.

Please add: \$ _____ (4% for Credit Card donations or 1% Checking/Savings Account donations)
Total Donation Amount: \$ _____ (required) ***this amount will be debited on each cycle date selected above.*

_____ **Enclosed is a voided check.** Please transfer my gift from my checking account. I understand my future gifts will be transferred from my account.

OR

_____ **Enclosed is my credit card information.** Please transfer my gift from my credit card. I understand my future gifts will be transferred directly from my credit card.

Credit Card Number _____ Expiration Date _____ / _____



I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.fellowshipbcs.org or by contacting Fellowship Church by phone or mail. All donations provided to Fellowship Church comply with U.S. Law.

Signature _____ Date _____
(Required)

Please make a copy of this form for your records, or you may request a copy from Fellowship Church.