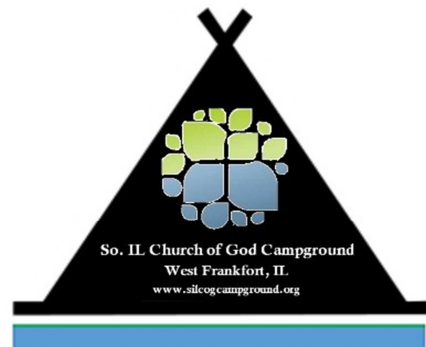


SUSTAINER GIVING – Enrollment Form



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

Stay connected to all that is happening at So. IL Church of God Campground!

_____ I would like to make a: _____ Weekly Gift - (*processes every 7 days*) _____ Bi-Weekly Gift - (*processes every 14 days*)

To start on: ____/____/____ (*mm/dd/yyyy*)

OR

_____ I would like to make a: _____ One-Time _____ Monthly _____ Quarterly

Process my gift on the: ____ 1st ____ 5th ____ 10th ____ 15th ____ 20th ____ 25th of the month

To start on: ____/____/____ (*mm/dd/yyyy*)

Please Apply My Gift to the Following:

\$ _____ General

\$ _____ Youth

\$ _____ Children's

\$ _____ Kitchen

\$ _____ Rental Deposit

\$ _____ Other (*Please specify in comments*)

\$ _____ **Total Gift Amount** (*Required Field – minimum \$10 donation*)

Please make this a: _____ Donation _____ Memorial Gift _____ Honor Gift _____ Anonymous Donation

In Memory/Honor of: _____

Comments: _____

_____ Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

OR

_____ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Account: _____ Expiration Date ____/____



I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.silcogcampground.org or by contacting So. IL Church of God Campground by e-mail or mail. All donations provided to So. IL Church of God Campground comply with U.S. Law.

Signature _____ Date _____
(*Required*)

Please make a copy of this form for your records or you can request one from:

So. IL Church of God Campground
412 Missouri Ave. • Carterville, IL 62918
silcogcampground@gmail.com • www.silcogcampground.org