

## **DONATION PROGRAM**

Name(s)					or office use only: onor ID	
					mon 1D	
CityState						
TelephoneEmail						
I would like to mak	e a Recurring Gift as a:		Bi-Wee ift Semi-A	-		
	the:1 <sup>st</sup> 5 <sup>th</sup> /(mm/dd/y e a One-Time Gift		15 <sup>th</sup>	_20 <sup>th</sup>	25 <sup>th</sup> of the month	
	••••••		•••••	• • • • • • • • • • •	•••••	
Donation Amount \$						
Please apply my gift to:	<pre>\$ Tithes</pre>	\$	_ Offering	\$	Building Fund	
	\$ Chairs Fund	\$	_ Food Bank	\$	Ladies Conference	
	\$ Music	\$	_Outreach	\$	Pastor's Appreciation	
	\$ Revival	\$	_Sunday School	\$	Youth	
Please make this a	Donation	Memorial Gift	Honor Gift		_ Anonymous Donation	
In Memory/Ho	nor of:					
Comments:						
Enclosed is a voided ** <i>For One-Time Cl</i> OR My credit card info	l check for my recurring d hecking Account donations, please rmation is listed below for 1mber	onation. Please t e include a completed of my donation. Pla	ransfer my gift from Theck with your donation f ease transfer my gift	my checki form. from my c Expi	ing account. credit card. ration Date /	
fee associat	f my donation amount to g ted with my donation. (Ple	ase enter amount	below)	would like	to pay the processing	
	rocessing Fee Amount (2.19		donations)			
<b>Donation Amount</b>	<u> Total Donation Amount</u> specified above + Processing Fee	t (requirea) Amount)				
suspend my gift at any time	tions will be transferred directl through the online donation fo bundant Grace Church, Inc. co	rm at <u>www.agcwr.co</u>	m or by contacting Abu		at I may increase, decrease, or Church, Inc. by phone or mail.	
Signature				Date		

Please make a copy of this form for your records or you can request a copy from Abundant Grace Church, Inc. • 1861 Watson Blvd. • Warner Robins, GA 31093 • (478) 397-1747 • <u>www.agcwr.com</u>