



**DONATION PROGRAM**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ I would like to make a Recurring Gift as a: \_\_\_ Weekly Gift \_\_\_ Bi-Weekly Gift \_\_\_ Monthly Gift

Process my gift on the: \_\_\_ 1<sup>st</sup> of the month \_\_\_ 15<sup>th</sup> of the month \_\_\_ 20<sup>th</sup> of the month

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

OR

\_\_\_ I would like to make a One-Time Gift

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Total Donation Amount \$ \_\_\_\_\_

Please apply my gift to: \$ \_\_\_\_\_ General Fund \$ \_\_\_\_\_ Mission Fund

\$ \_\_\_\_\_ Benevolence Fund \$ \_\_\_\_\_ Special Donation (please specify on comment line below)

Comments: \_\_\_\_\_

\_\_\_ Enclosed is a voided check for my recurring donation. Please transfer my gift from my checking account.

*\*\*For One-Time Checking Account donations, please include a completed check with your donation form.*

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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 at any time through the online donation form at [www.heritage-churchofchrist.org](http://www.heritage-churchofchrist.org) or by contacting Heritage Church of Christ by phone or mail. All donations provided to Heritage Church of Christ comply with U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)