




919 S. Carroll Blvd., Suite 102 • Denton, TX 76201 • (940) 390-4834 • [www.hopefc.org](http://www.hopefc.org)

**E-Giving Program – Electronic Tithes and Offerings**

Hope Fellowship Church has some good news to share! Your financial gifts made through E-Giving Program work harder than ever to support our church. Your gifts will allow our church to reduce administrative costs, plan for future projects with great efficiency, and spend more time on ministry, less on fundraising. E-Giving Program is convenient, as well as safe, secure, and reliable!

When you participate in E-Giving Program, your gift will be transferred conveniently from either your checking or credit card account directly to Hope Fellowship Church. A record of each gift will appear on your monthly statement. As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides! You may increase, decrease, or suspend your giving at any time through the online donation form at [www.hopefc.org](http://www.hopefc.org) or by contacting the church by phone or mail. All gifts provided to Hope Fellowship Church comply with U.S. law.

Name(s) _____		<i>For office use only:</i> Member ID _____
Address _____		
City _____	State _____ Zip Code _____	
Telephone (Home) _____ Email _____		
Please transfer my gift of \$ _____ One-Time on the ___5 <sup>th</sup> of the month OR ___ 20 <sup>th</sup> of the month ___ Once a month on the ___5 <sup>th</sup> or ___ 20 <sup>th</sup> ___ Twice a month on the 5 <sup>th</sup> and 20 <sup>th</sup> . Please note the total gift amount specified will be debited on each date.		
<u>Enclosed is a voided check OR my credit card information.</u> Please transfer my monthly gift from my checking or credit card account. I understand my future gifts will be transferred directly from my account. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at <a href="http://www.hopefc.org">www.hopefc.org</a> or by contacting the church by phone or mail. All gifts provided to Hope Fellowship Church comply with U.S. law.		
◇ Credit Card Number _____ Expiration Date ____/____ 		
Signature _____		Date _____
(Required)		

**KEEP THIS PORTION FOR YOUR RECORDS**

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Use this portion of the form to indicate the amount of your gift each month from your checking/credit card account to Hope Fellowship Church.

Gift: \$ \_\_\_\_\_  
\_\_\_\_\_ Twice a month on the 5<sup>th</sup> & 20<sup>th</sup> OR \_\_\_\_\_ Once a month on the \_\_\_5<sup>th</sup> or \_\_\_ 20<sup>th</sup> OR  
\_\_\_\_\_ One-Time on the \_\_\_5<sup>th</sup> of the month OR \_\_\_ 20<sup>th</sup> of the month

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