Member Giving Program

Hope Christian Church has some good news to share! Your gifts made through our Member Giving Program work harder than ever to support our church. Our Member Giving Program is convenient, as well as safe, secure, and reliable!

When you participate in our Member Giving Program, your gift will be transferred conveniently from either your checking or credit card account directly to Hope Christian Church. A record of each gift will appear on your checking account or

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credit card statement. As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides!

Name(s)					
Address					
City			State	Zip Code	
Telephone					
Please transfer my gift of \$	as a				
Weekly Gift (processes e	very 7 days; please s	specify start o	late below)		
One-Time Gift on the	1 st 5 th	10 th	20 th OR	25 th of the month	
Monthly Gift on the	.1 st 5 th	10 th	20 th OR	25 th of the month	
Quarterly Gift on the	_1 st 5 th	10 th	20 th OR	25 th of the month	
Annual Gift on the	_1 st 5 th			25 th of the month	
Donation Start Date:/	//	(mm/d	d/yyyy)		
Donation End Date:	//	(mm/d	d/yyyy)		
Please select how you want to d	onate:				
Tithes and Offerings	AlmsBuilding ar		ding and Equipme	ent _	_ Guest Speaker
Missions	Vision 72 Fund Other – Explain:				

Enclosed is a voided check OR my credit card information. Please transfer my 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 hopechurchtempe.org or by contacting the church by phone or mail. All gifts provided to Hope Christian Church comply with U.S. law.

Credit Card Number	Expiration Date/		
Signature (Required)	Date		
KEEP THIS PORTION FOR Y You may increase, decrease, or suspend my gift any time through the onlin the church by phone or mail. All gifts provided to Hope of	e donation form at hopechurchtempe.org or by contacting		
For your convenience, please record your donation of \$	·		
As a: Weekly One-Time Gift Monthly Gift Quar	terly Gift Annual Gift		
To be processed on the :1 st 5 th 10 th 20 th C	DR25 th of the month		
If donation is recurring, please list Donation Start Date:/	_/(mm/dd/yyyy)		
To be applied to: Tithes and Offerings Alms Building	and Equipment Guest Speaker		
MissionsVision 72 FundOther – Explain:			

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