

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!

HOPE

P.O. Box 7336, Tempe, AZ 85281
(480) 560-2277 • hopechurchtempe.org

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 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 _____ Email _____

Please transfer my gift of \$ _____ as a

____ Weekly Gift (*processes every 7 days; please specify start date below*)

____ One-Time Gift on the ____ 1st ____ 5th ____ 10th ____ 20th OR ____ 25th of the month

____ Monthly Gift on the ____ 1st ____ 5th ____ 10th ____ 20th OR ____ 25th of the month

____ Quarterly Gift on the ____ 1st ____ 5th ____ 10th ____ 20th OR ____ 25th of the month

____ Annual Gift on the ____ 1st ____ 5th ____ 10th ____ 20th OR ____ 25th of the month

Donation Start Date: _____ / _____ / _____ (mm/dd/yyyy)

Donation End Date: _____ / _____ / _____ (mm/dd/yyyy)

Please select how you want to donate:

____ Tithes and Offerings ____ Alms ____ Building and Equipment ____ Guest Speaker

____ Missions ____ Vision 72 Fund ____ Shoot-a-thon Survivor ____ Other – Explain Below:

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 YOUR RECORDS

You 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.

For your convenience, please record your donation of \$ _____.

As a: ____ Weekly ____ One-Time Gift ____ Monthly Gift ____ Quarterly Gift ____ Annual Gift

To be processed on the: ____ 1st ____ 5th ____ 10th ____ 20th OR ____ 25th 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

____ Missions ____ Vision 72 Fund ____ Shoot-a-thon Survivor ____ Other – Explain Below: