

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

*Partner with Hope Church Campus Ministry to change the lives of students at Arizona State University with the Gospel of Jesus Christ.*

**The Purpose of Hope Church is to:**

- Evangelize college students during a very crucial time in their lives with the Gospel of Jesus Christ.
- Establish these students in Hope Church or in other local churches in the Phoenix area as the Holy Spirit leads.

# HOPE

Hope Church Campus Ministry  
P.O. Box 7336, Tempe, AZ 85281  
(480) 560-2277 • [hopechurchtempe.org](http://hopechurchtempe.org)

When you participate in our E-Giving Program, your gift will be transferred conveniently from either your checking or credit card account directly to Hope Church Campus Ministry. 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

Special Gift on the  1<sup>st</sup> OR  5<sup>th</sup> OR  10<sup>th</sup> OR  20<sup>th</sup> OR  25<sup>th</sup> of the month

Monthly Gift on the  1<sup>st</sup> OR  5<sup>th</sup> OR  10<sup>th</sup> OR  20<sup>th</sup> OR  25<sup>th</sup> of the month

Quarterly Gift on the  1<sup>st</sup> OR  5<sup>th</sup> OR  10<sup>th</sup> OR  20<sup>th</sup> OR  25<sup>th</sup> of the month

**Please select how you want to donate or partner with our ministry:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Campus Outreach             | <input type="checkbox"/> Jason and Katie Shaffery – 84       | <input type="checkbox"/> Nick Parkos – 68                   |
| <input type="checkbox"/> Abraham and Alicia Doe – 77 | <input type="checkbox"/> JD Tennapel – 98                    | <input type="checkbox"/> Rachel Olsson – 43                 |
| <input type="checkbox"/> Alex Watkins – 50           | <input type="checkbox"/> Jennafer Tonnemacher – 65           | <input type="checkbox"/> Rachel Soule – 39                  |
| <input type="checkbox"/> Amanda Haagen – 41          | <input type="checkbox"/> Jon Allen Chase – 97                | <input type="checkbox"/> Ricky and Mallory Ruedaflores – 82 |
| <input type="checkbox"/> Ashley Lopez – 99           | <input type="checkbox"/> Josh and Alicia Chan – 51           | <input type="checkbox"/> Sam and Kelsey Richardson – 52     |
| <input type="checkbox"/> Austin Livermore – 47       | <input type="checkbox"/> Justin Maenner – 73                 | <input type="checkbox"/> Sean and Jesse Hamby – 58          |
| <input type="checkbox"/> Bailee Wishart – 42         | <input type="checkbox"/> Mackenzie Jones – 53                | <input type="checkbox"/> Shelby Kirkpatrick – 46            |
| <input type="checkbox"/> Brian & Wendy Smith – 61    | <input type="checkbox"/> Matt and Brenna Elder – 59          | <input type="checkbox"/> Ted and Mimi Okpe – 71             |
| <input type="checkbox"/> Brian Smith JR. – 96        | <input type="checkbox"/> Matt and Jenny Shields – 75         |   |
| <input type="checkbox"/> Caleb Smith – 40            | <input type="checkbox"/> Michael & Samantha Romelfanger – 55 |   |
| <input type="checkbox"/> Ethan Cuthbertson – 49      | <input type="checkbox"/> Mike McElroy – 90                   |   |
| <input type="checkbox"/> Hillary Ingram – 72         | <input type="checkbox"/> Ministry Expansion                  |   |

**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](http://hopechurchtempe.org) or by contacting the church by phone or mail. All gifts provided to Hope Church Campus Ministry comply with U.S. law.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_



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

*Please make a copy of this form for your records, or you may also request a copy from:*

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