

Member Giving Program

Hope 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 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!



Hope Christian Church
P.O. Box 7336, Tempe, AZ 85281
(480) 560-2277 • hopechurchmovement.com

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 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 hopechurchmovement.com or by contacting the church by phone or mail. All gifts provided to Hope 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: