



DONATION PROGRAM

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____

___ I would like to make a Recurring Gift as a: ___ Weekly Gift ___ Bi-Weekly Gift ___ Monthly Gift
___ Quarterly Gift
Process my gift on the: ___ 1st ___ 5th ___ 10th ___ 15th ___ 20th ___ 25th of the month
Start Date: ____/____/____ (mm/dd/yyyy)

OR

___ I would like to make a One-Time Gift

.....
Total Donation Amount \$ _____
Please apply my gift to: \$ _____ General Fund \$ _____ Other (Please specify in comments below)
Comments: _____

Please transfer my donation from my:

___ Checking Account [Please attach a voided check]
***For One-Time Checking Account donations, please include a completed check with your donation form.*

OR

___ Savings Account [Please attach a deposit slip or contact Fairhaven Bible Chapel for an additional form]
***If using a deposit slip, please verify the routing number listed is the ABA Routing Number for your bank.*

.....
I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.fairhavenbiblechapel.org or by contacting Fairhaven Bible Chapel by phone or mail. All donations provided to Fairhaven Bible Chapel comply with U.S. Law.

Signature _____ Date _____
(Required)