

When you participate in Online Giving, your gift will be transferred conveniently from either your checking/savings or credit/debit card account directly to New Hope Church of the Nazarene. You are still free to make additional gifts by check or cash as the Lord provides!

↑ CT	Name(s) Address					
CONTA	City					Zip Code
00	Phone		Email			
GIFT INFORMATION	I'd like to make a:	On the:				
	One-Time Gift	1 st	5 th	15 th	25 th	
	☐ Monthly Gift					
	☐ Weekly Gift	Please proc	ess my first gi	ft on:		
MA	☐ Bi-Weekly Gift	/	/	(mm/dd/yyyy)		
) F	\$ Donation Amount					
T	\$ A 3% Credit/Debit Card Convenience Fee will be added to your donation to help offset processing charges. If this would be					
	an undue hardship, please leave this line blank.					
	TOTAL DONATION AMOUNT (All donations will be applied to the General Tithe fund)					
	Comments:					
	TN 4 0 1040		, .	4 T 1 11		
	Please transfer my gift from	·				ck from my checking
	account. For savings account transfers, please contact the church for an additional form.					
Z	OR					
INFORMATION						
E	Please transfer my gift from my credit/debit card. Listed below is my credit/debit card information.					
R	Credit/Debit card Number					
FO	Expiration Date/					
MENT	$I \ understand \ my \ future \ donations \ will \ be \ transferred \ directly \ from \ my \ account \ as \ stipulated \ above. \ I \ understand \ that$					
	$I\ may\ increase,\ decrease,\ or\ suspend\ my\ gift\ any\ time\ through\ the\ online\ donation\ form\ at\ \underline{www.newhopenazca.com}$					
PAYME	or by contacting New Hope Church of the Nazarene by phone or mail. All donations provided to New Hope Church of					
4	the Nazarene originating as ACH transactions comply with U.S. Law.					
	Signature				Date	(Required)

Please make a copy of this form for your records or you can request a copy from New Hope Church of the Nazarene Mail Completed form to:

New Hope Church of the Nazarene P.O. Box 1514 Patterson, CA 95363