E-Giving Program – Electronic Tithes and Offerings

Ambassador Baptist Church has some good news to share! Your gifts made through E-Giving Program work harder than ever to support our church. E-Giving Program is convenient, as well as safe, secure, and reliable!



When you participate in E-Giving Program, your gift will be transferred conveniently from either your checking or savings account directly to Ambassador Baptist Church. A record of each gift will appear on your account statement. As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides! You may increase, decrease, or suspend your giving at any time through the online donation form at www.ambassadorbaptist.org or by contacting the church by phone or mail. All gifts provided to Ambassador Baptist Church comply with U.S. law.

| Name(s) | | | | | For office use Envelope Nun | only: nber |
|-------------------------------|---|----------------------|----------------------------|-------------------------|--------------------------------|--|
| Address | | | | | | |
| City | | | | State | Zip Code | |
| Telephone | | | | | | |
| I'd like to make a | Weekly Gift Quarterly Gift | | | | | _ Semi-Monthly Gift** _ One-Time Gift |
| | 5 th e at least two dates for Semi-M | | | | | |
| Recurring Start Date | e/(m | m/dd/yyyy) | Recurr | ring End Date | / | (mm/dd/yyyy) |
| Please apply my gift | to: | | | | | |
| \$I | Budget | \$ | _ Missions | | \$ | Capital Expansion |
| \$I | Benevolence | \$ | _ Bible Camp | | | |
| \$S | Special (please specify) _ | | | | | |
| \$ | Total Gift Amount (requ | uired) | | | | |
| Signature | | | Date | | | |
| (Requireu) | | | | | | |
| | KEEP ase, or suspend your gift any irch by phone or mail. All d | | online donation f | form at <u>www.am</u> l | | |
| I'd like to make a | Weekly Gift | Bi-We | ekly Gift | Monthly | Gift | _ Semi-Monthly Gift** |
| | Quarterly Gift | Semi- | Semi-Annual Gift Annual G | | Gift | _ One-Time Gift |
| On the 1 st | 5 th | _ 10 th | 15 th | 20 th | 25 th of t | he month |
| **Please choose | at least two dates for Semi-M | onthly gifts. Please | note the <u>total gift</u> | amount specified | will be debited on | each date selected. |
| Recurring Start Date | e/(m | m/dd/yyyy) | Recurr | ring End Date | / | (mm/dd/yyyy) |
| Please apply my gift to: | | | | | | |
| \$ Bu | ıdget | \$ | Missions | \$ | Capital E | xpansion |
| \$Be | enevolence | \$ | Bible Camp | | | |
| \$ Sp | oecial (please specify) | | | | | |
| \$T | Total Gift Amount (required | ") | | | | |