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.

| CONTACT | Name(s)Address_ | | | For office use only: Envelope Number |
|---------------------|---|---|--------|--------------------------------------|
| NT | | | State | Zip Code |
| 00 | | Email | | |
| GIFT INFORMATION | I would like to make a | In Memory/Honor of: | | |
| | ☐ Donation | , , , | | |
| | ☐ Anonymous Donation | On the | Please | e process my Weekly or Bi-Weekly |
| | ☐ Memorial Gift | \square 1 st of the month | gift: | |
| | ☐ Honor Gift | 5 th of the month | | (day of the week) |
| | As a | \square 10 th of the month | | |
| | One-time Gift | \square 15 th of the month | Please | e apply my gift as follows: |
| | ☐ Weekly Gift | \square 20 th of the month | \$ | _ Budget |
| | ☐ Bi-Weekly Gift | \square 25 th of the month | \$ | _ Missions |
| | ☐ Monthly Gift | | \$ | _ Capital Expansion |
| | Semi-Monthly Gift* | Please process my first gift on | \$ | _ Benevolence |
| | Quarterly Gift | //(mm/dd/yyyy) | \$ | _ Special (specify in comments) |
| | Semi-Annual Gift | | \$ | _ Bible Camp |
| | Annual Gift | Please process my last gift on | \$ | _ Total Gift |
| | | /(mm/dd/yyyy) | | |
| | | | | |
| | *Please choose two dates for Multi-Monthly gifts. Please note the <u>total donation amount</u> specified will be debited on each date selected. | | | |
| Z | Enclosed is a voided check for my donation. Please transfer my donation from my checking or savings account. I | | | |
| PAYMENT INFORMATION | 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 www.ambassadorbaptist.org or by | | | |
| | contacting Ambassador Baptist Church by phone or mail. All donations provided to Ambassador Baptist Church comply | | | |
| | with U.S. Law. | | | |
| PAYME | Signature(Required) | | | Date |