



FIRST BAPTIST CHURCH

of Fort Scott, Kansas

E-Giving Program – Electronic Tithes and Offerings

CONTACT

Name(s) _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (____) _____ Email _____

To help reduce the printing costs incurred by First Baptist Church of Fort Scott, I wish to no longer receive pre-printed giving envelopes.

GIFT INFORMATION

I would like to make a: In Memory/Honor of: _____

Donation
 Memorial Gift
 Honor Gift

As a:

One-time Gift
 Weekly Gift - (*processes every 7 days*)
 Bi-Weekly Gift - (*processes every 14 days*)
 Monthly Gift *on the:*
 1st 5th 10th
 15th 20th 25th of the month

Please apply my gift to:
 \$ _____ General Contributions – 100
 \$ _____ Building Maintenance Fund -1600
 \$ _____ Deacon Fund Contribution - 300
 \$ _____ Youth Fund - 1400
 \$ _____ Memorial Contributions (specify in comments) -700
 \$ _____ Love Gift - 800
 \$ _____ Outreach - 2100
 \$ _____ Samaritan’s Purse - 1100

Donation Amount \$ _____

Please start my donation gift on:
 ____/____/____ (mm/dd/yyyy)

Comments: _____

PAYMENT INFORMATION

____ Enclosed is a voided check for my donation. Please transfer my gift from my checking account.
****For One-Time Checking Account donations, please include a completed check with your donation form.**

OR

____ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number _____ Expiration Date ____ / ____

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.fbcalive.org or by contacting First Baptist Church of Fort Scott by phone or mail. All donations provided to First Baptist Church of Fort Scott comply with U.S. laws and regulations.

Signature _____ Date _____
 (Required)