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*For office use only*

Envelope ID: \_\_\_\_\_

GIFT INFORMATION

Please Process my Gift:  One-Time  Weekly  Bi-Weekly  Monthly

Please Process my Gift on the:  1<sup>st</sup> of the month  5<sup>th</sup> of the month  10<sup>th</sup> of the month

15<sup>th</sup> of the month  20<sup>th</sup> of the month  25<sup>th</sup> of the month

Please apply my gift to: \$\_\_\_\_\_ General Giving \$\_\_\_\_\_ Missions \$\_\_\_\_\_ Building Fund

\$\_\_\_\_\_ Total Gift

Please process my first gift on \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

Comments: \_\_\_\_\_

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account. *OR*

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

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Yes! I wish 100% of my donation amount to go to Grace Bible Church. I would like to pay the 2.19% credit card or \$0.25 ACH processing fee associated with my donation.

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.mygracebible.com](http://www.mygracebible.com) or by contacting Grace Bible Church by phone or mail. All donations provided to Grace Bible Church comply with U.S. Law.

**For Office Use Only**

\$ \_\_\_\_\_ Processing Fee Amount (2.19% for Credit Card gifts or \$0.25 for Checking Account gifts)

\$ \_\_\_\_\_ Total Donation Amount (required)(Donation Amount specified above + Processing Fee Amount)

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Please make a copy of this form for your records or you can request a copy from Grace Bible Church