

Chinese Church of Iowa City

Thank you for your support.



Please mail our Giving Form to:

Chinese Church of Iowa City
570 Madison Ave
North Liberty, IA 52317

CONTACT

Name(s) _____
 Company _____ Title/Position _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (_____) _____ Email _____

Yes, I wish to stay connected to all that is happening with Chinese Church of Iowa City!
 Please add me to your mailing list to receive newsletters, mailings or emails.

GIFT INFORMATION

___ I would like to make a Recurring Gift:

As a	On the	Please apply my gift as follows:
<input type="checkbox"/> Weekly Gift	<input type="checkbox"/> 1 st of the month	\$_____ General Offering
<input type="checkbox"/> Bi-Weekly Gift	<input type="checkbox"/> 5 th of the month	\$_____ Benevolence Offering
<input type="checkbox"/> Monthly Gift	<input type="checkbox"/> 10 th of the month	\$_____ Building Fund
<input type="checkbox"/> Quarterly Gift	<input type="checkbox"/> 15 th of the month	\$_____ Mission Offering
<input type="checkbox"/> Semi-Annual Gift	<input type="checkbox"/> 20 th of the month	\$_____ Scholarship Fund
<input type="checkbox"/> Annual Gift	<input type="checkbox"/> 25 th of the month	\$_____ Special Offering
		\$_____ Total Gift

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

OR

___ I would like to make a One-Time Gift.

Comments: _____

PAYMENT INFORMATION

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

Yes! Please add the \$0.25 Processing Fee assessed to Chinese Church of Iowa City for me.

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.ccic-iowa.org or by contacting Chinese Church of Iowa City by phone or mail. All donations provided to Chinese Church of Iowa City comply with U.S. Law.

For Office Use Only

\$ _____ Processing Fee Amount (\$0.25 amount for Checking Account gifts)

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

Signature (Required) _____ Date _____