



Mount Olive BAPTIST CHURCH

E-Giving Program – Electronic Tithes and Offerings

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

When you participate in our E-Giving Program, your gift will be transferred conveniently from either your checking or credit card account directly to Mount Olive Baptist Church. A record of each gift will appear on your monthly checking account or credit card statement. As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides! All gifts provided to Mount Olive Baptist Church comply with U.S. law.

For all Recurring Gifts, the End Date field is optional. If you would like your donation to last indefinitely, you may skip over that field.

CONTACT	Name(s) _____
	Member's Envelope Number _____ <i>(required)</i>
	Address _____
	City _____ State _____ Zip Code _____
	Phone (____) _____ Email _____

GIFT INFORMATION	I would like to make a:	Please apply my gift to:
	<input type="checkbox"/> One-time gift	\$_____ Tithes
	<input type="checkbox"/> Weekly gift	\$_____ General Offering
	<input type="checkbox"/> Bi-Weekly gift <i>(processes every 14 days)</i>	\$_____ Missions
	<input type="checkbox"/> Monthly gift	\$_____ Building Fund
		\$_____ Capital Fund
		\$_____ Sacrificial Offering
		\$_____ Revival
		\$_____ Scholarship
		\$_____ Sunday School
	\$_____ Other (please specify)	
	Total Donation Amount \$ _____	
		<i>*Please note: A 3% Credit/Debit Card processing fee will automatically be added to your donation</i>
	Please start my gift on:	
	____/____/____ (mm/dd/yyyy)	\$ _____ <i>Processing Fee Amount 3% for Credit or Debit Card donation</i>
	End Date (optional):	
	____/____/____ (mm/dd/yyyy)	\$ _____ <i>Total Donation Amount (Amount specified above + Processing Fee)</i>

Comments: _____

PAYMENT INFORMATION	<input type="checkbox"/> Enclosed is a voided check. Please transfer my gift from my checking account. OR
	<input type="checkbox"/> My debit or credit card information 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.mobcva.org or by contacting Mount Olive Baptist Church by phone or mail. All donations provided to Mount Olive Baptist Church comply with U.S. Law.
Signature _____ Date _____	
(Required)	