



DONATION PROGRAM

CONTACT	Name(s) _____	<i>For office use only: Donor ID _____</i>
	Address _____	
	City _____ State _____ Zip Code _____	
	Phone (____) _____ Email _____	

GIFT INFORMATION	<input type="checkbox"/> I would like to make a Recurring Gift as a:	<input type="checkbox"/> Weekly Gift	<input type="checkbox"/> Bi-Weekly Gift	<input type="checkbox"/> Monthly Gift			
		<input type="checkbox"/> Quarterly Gift	<input type="checkbox"/> Semi-Annual Gift				
	Process my gift on the:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 5 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 20 th	<input type="checkbox"/> 25 th of the month
	Start Date:	____/____/____	<i>(mm/dd/yyyy)</i>				
	OR						
	<input type="checkbox"/> I would like to make a One-Time Gift						
	Donation Amount \$	_____					
	Please apply my gift to:	\$_____ Tithes	\$_____ Offering	\$_____ Building Fund			
		\$_____ Chairs Fund	\$_____ Outreach	\$_____ Revival	\$_____ Sunday School		
		\$_____ Youth	\$_____ Missions				
	\$_____ Other	_____					
	Please make this a	<input type="checkbox"/> Donation	<input type="checkbox"/> Memorial Gift	<input type="checkbox"/> Honor Gift	<input type="checkbox"/> Anonymous Donation		
	In Memory/Honor of:	_____					
	Comments:	_____					

PAYMENT INFORMATION	<input type="checkbox"/> Enclosed is a voided check for my recurring donation. Please transfer my gift from my checking account. <i>**For One-Time Checking Account donations, please include a completed check with your donation form.</i>
	OR
	<input type="checkbox"/> My credit card information is listed below for my donation. Please transfer my gift from my credit card.
	Credit Card Number _____ Expiration Date ____/____
	<input type="checkbox"/> Yes! I wish 100% of my donation amount to go to Abundant Grace Church, Inc. I would like to pay the processing fee associated with my donation. <i>(Please enter amount below)</i>
	\$ _____ Processing Fee Amount (2.19% for Credit Card donations)
	\$ _____ Total Donation Amount <i>(required)</i> <i>(Donation Amount specified above + Processing Fee Amount)</i>
	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.agcwr.com or by contacting Abundant Grace Church, Inc. by phone or mail. All donations provided to Abundant Grace Church, Inc. comply with U.S. Law.
	Signature _____ Date _____ <small>(Required)</small>