



CHRIST COMMUNITY
FELLOWSHIP

E-Giving Program – Electronic Tithes and Offerings

Christ Community Fellowship has some good news to share! Your offertory gifts made through E-Giving Program work harder than ever to support our church. Your gifts will allow our church to reduce administrative costs, plan for future projects with great efficiency, and spend more time on ministry, less on fundraising. E-Giving Program is convenient, as well as safe, secure, and reliable!

When you participate in E-Giving Program, your gift will be transferred conveniently from either your checking or credit card account directly to Christ Community Fellowship. A record of each gift will appear on your monthly statement. As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides! You may continue to place your offertory envelope in the weekly collection plate. You may increase, decrease, or suspend your gift any time through the online donation form at www.ccfcares.org or by contacting the church by phone or mail. All gifts provided to Christ Community Fellowship as ACH transactions comply with U.S. law.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Business) _____ Email _____

I would like to make a One-time gift of \$ _____

I would like to make a Monthly my gift of \$ _____

Please transfer my gift on the ___ 1st OR ___ 5th OR ___ 10th OR ___ 15th OR ___ 20th OR ___ 25th of the month

Please apply my gift to ___ General Offering ___ Tithes ___ Mission Outreach ___ Vision Offering

Enclosed is a voided check OR my credit card information. Please transfer my gift from my checking or credit card account. I understand my future gifts will be transferred directly from my account. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.ccfcares.org or by contacting the church by phone or mail. All gifts provided to Christ Community Fellowship as ACH transactions comply with U.S. law.

✧ Credit Card Number _____ Expiration Date ____/____



Signature _____ Date _____
(Required)

Please make a copy of this form for your records, or you may also request a copy from:

Christ Community Fellowship
P.O. Box 37185 Raleigh, NC 27627
(919) 228-9172 • www.ccfcares.org