

E-Giving Program – Electronic Tithes and Offerings

First Christian Church strives to actively reach out to the hurting and the lost, uniting as one body in Christ, building a firm foundation on Biblical principles, discovering and using our unique God-given gifts to be servants for Christ and to honor God in all aspects of our lives.



Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Yes, I wish to receive First Christian Church of Christopher's monthly newsletter!

_____ I would like to make Recurring Gift as a:

___ Weekly Gift *on the* ___ 1st ___ 5th ___ 10th ___ 15th ___ 20th ___ 25th of the month
(Processes every 7 days)

___ Bi-Weekly Gift *on the* ___ 1st ___ 5th ___ 10th ___ 15th ___ 20th ___ 25th of the month
(Processes every 14 days)

___ Monthly Gift *on the* ___ 1st ___ 5th ___ 10th ___ 15th ___ 20th ___ 25th of the month

Please start my recurring gift on: ____/____/____ (mm/dd/yyyy)

OR

_____ I would like to make a One-Time Gift. *(Please include a completed check with your donation)*

Please make this a ___ Donation ___ Memorial Gift ___ Honor Gift

In Memory/Honor of: _____

Please apply my gift to: \$ _____ General Fund \$ _____ Other (please specify in comments)

Yes! I wish 100% of my donation amount to go to First Christian Church of Christopher. I would like to pay the \$0.25 processing fee associated with my donation.

Total Donation Amount *(minimum \$5.00)* \$ _____ *(Donation Amount + \$0.25 Processing Fee – if applicable)*
(REQUIRED)

Comments: _____

Please transfer my donation from my:

___ Checking Account [Please attach a voided check]

****For One-Time Checking Account donations, please include a completed check with your donation**

- OR -

___ Savings Account [Please attach a deposit slip or contact First Christian Church of Christopher for an additional form]

****If using a deposit slip, please verify the routing number listed is the ABA Routing Number for your bank.**

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.fccchristopher.org by contacting First Christian Church of Christopher by phone or mail. All donations provided to First Christian Church of Christopher comply with U.S. laws and regulations.

Signature _____
(Required)

Date _____