

# CONVERGE

## MINISTRIES

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

If you would like to receive updates on the work at Converge Ministries, Inc. through our newsletter, mailings, and emails, please check this box.

I would like to make a:  Weekly Gift - (processes every 7 days)  Bi-Weekly Gift - (processes every 14 days)

To start on: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**OR**

I would like to make a:  One-Time  Monthly  Quarterly  Semi-Annual  Annual Gift

Process my gift on the:  1<sup>st</sup> of the month  10<sup>th</sup> of the month  25<sup>th</sup> of the month

To start on: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Please make this a  Donation  Memorial Gift  Honor Gift  Anonymous Donation

In Memory/Honor of: \_\_\_\_\_

In the Amount of:  \$25  \$50  \$100  \$250  \$500  \$1,000 \$ \_\_\_\_\_ Other Amount

Yes! I wish 100% of my donation amount to go to Converge Ministries, Inc. I would like to pay the processing fee associated with my donation. (Please enter amount below)

Please add \$ \_\_\_\_\_ (3% for Credit Card donations or \$0.25 Checking Account donations)

Total Donation Amount: \$ \_\_\_\_\_ (required)

Additional comments: \_\_\_\_\_

*All donations will be applied to our General Fund*

Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

**OR**

My credit card information is 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.convergemistry.com](http://www.convergemistry.com) or by contacting Converge Ministries, Inc. by phone or mail. All donations provided to Converge Ministries, Inc. comply with U.S. laws and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

Please make a copy of this form for your records or you can request a copy from:

Converge Ministries, Inc.

128 Rob Lee Street • Moundville, AL 35474 • (205) 340-3296 • [www.convergemistry.com](http://www.convergemistry.com)