



DONATION PROGRAM

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

___ I would like to make a Recurring Gift as a: ___ Weekly Gift ___ Bi-Weekly Gift ___ Monthly Gift
___ Quarterly Gift

Process my gift on the: ___ 1st ___ 5th ___ 10th ___ 15th ___ 20th ___ 25th of the month

Start Date: ____/____/____ (mm/dd/yyyy)

OR

___ I would like to make a One-Time Gift

.....
Total Donation Amount \$ _____

Please apply my gift to: \$ _____ General Fund \$ _____ Other (Please specify in comments below)
\$ _____ Needy \$ _____ Missions \$ _____ Emmaus \$ _____ Event Registration
\$ _____ Retreats \$ _____ Books \$ _____ Adult Class \$ _____ AWANA
\$ _____ Relief Funds \$ _____ Rent

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 form.*

OR

___ Savings Account [Please attach a deposit slip or contact Fairhaven Bible Chapel 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 wp.fairhavenbiblechapel.org/ or by contacting Fairhaven Bible Chapel by phone or mail. All donations provided to Fairhaven Bible Chapel comply with U.S. Law.

Signature _____ Date _____
(Required)