



Each one must give as he has decided in his heart, not reluctantly or under compulsion, for God loves a cheerful giver. 2 Cor 9:7

CONTACT

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Email _____

Please add me to your mailing list.

For office use only:
 Member ID _____

GIFT INFORMATION

Please make this a:

Donation

Memorial Gift

Honor Gift

Anonymous Donation

Please process my first gift on: ____/____/____
 (mm/dd/yyyy)

In Memory/Honor Of: _____

Please process my gift:

One-Time Gift

Weekly Gift

Bi-Weekly Gift

Monthly

Please apply my gift to:

\$ _____ General Fund

\$ _____ The Love Fund

\$ _____ Missions and College Students

\$ _____ Other (Please specify in comments box)

\$ _____ **Total Gift**

Please process my Weekly or Bi-Weekly Gift on: _____ (day of the week)

Please process my Monthly Gift on the: 1st 5th 10th 15th 20th 25th

Comments: _____

PAYMENT INFORMATION

Enclosed is a voided check for my recurring donation. Please transfer my gift from my checking account.
 **For One-Time Checking Account donations, please include a completed check with your donation form.

OR

My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number _____ **Expiration Date** ____/____



Yes! I wish 100% of my donation amount to go to Grace Community Chapel. I would like to pay the 2.19% credit card or \$0.25 ACH processing fee associated with my donation. (Please enter amount below)

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.grace-chapel.org or by contacting Grace Community Chapel by phone or mail. All donations provided to Grace Community Chapel comply with U.S. Law.

For Office Use Only

\$ _____ **Processing Fee Amount** (2.19% amount for Credit Card gifts or \$0.25 amount Checking Account gifts)

\$ _____ **Total Donation Amount (required)**
 (Donation Amount specified above + Processing Fee Amount)

Signature _____ **Date** _____
 (Required)