

For office use only:
Member ID _____



GIVING FORM

You can share in our commitment to facilitate mutual encouragement and cooperation in fulfilling the Great Commission of Jesus Christ; to become spiritually awakened churches encouraging, support, assisting one another for the honor and glory of God. When you participate, your donation will be transferred conveniently each month from your checking account or credit card directly to Miami Baptist Association, Inc. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email _____

Please process my ___ Monthly ___ Annual ___ One-time donation on the ___5th of the month OR ___15th of the month

OR

Please process my ___ Semi-Monthly donation on the 5th AND 15th of the month

Donation Amount \$ _____ ****Please note: For Semi-Monthly donations, the total gift amount specified will be debited on the 5th & 15th of the month.**

Please apply my donation to ___ General Fund _____ Designated

___ Good News Care Center (GNCC) _____ Mission Projects

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

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

Card Number _____ Expiration Date ____/____



Yes! I wish 100% of my donation amount to go to Miami Baptist Association, Inc. I would like to pay the 3% credit card or \$0.25 ACH processing fee associated with my donation.

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.mbachurches.org or by contacting Miami Baptist Association, Inc. by phone or mail. All donations provided to Miami Baptist Association, Inc. comply with U.S. Law.

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\$ _____ **Processing Fee Amount** (3% for Credit Card gifts or \$0.25 for Checking Account gifts)

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

Signature (Required) _____ Date _____

Please make a copy of this form for your records, or you may also request a copy from:
Miami Baptist Association, Inc.
7855 SW 104 Street, Suite 100 • Miami, FL 33156
(305) 271-5600 • www.mbachurches.org