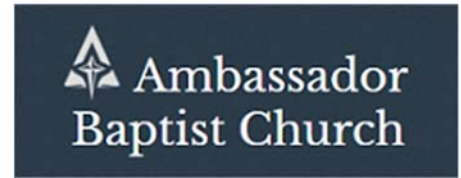


## E-Giving Program – Electronic Tithes and Offerings

Ambassador Baptist Church has some good news to share! Your gifts made through E-Giving Program work harder than ever to support our church. E-Giving Program is convenient, as well as safe, secure, and reliable!



When you participate in E-Giving Program, your gift will be transferred conveniently from either your checking or savings account directly to Ambassador Baptist Church. A record of each gift will appear on your account statement. As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides! You may increase, decrease, or suspend your giving at any time through the online donation form at [www.ambassadorbaptist.org](http://www.ambassadorbaptist.org) or by contacting the church by phone or mail. All gifts provided to Ambassador Baptist Church comply with U.S. law.

|                |                         |  |                |
|----------------|-------------------------|--|----------------|
| <b>CONTACT</b> | Name(s) _____           | <i>For office use only:</i><br>Envelope Number _____ |                |
|                | Address _____           |  |                |
|                | City _____              | State _____  | Zip Code _____ |
|                | Telephone (_____) _____ | Email _____  |                |

|  |   |  |  |
|--|---|--|--|
| <b>GIFT INFORMATION</b>  | <b>I would like to make a</b>               | <b>In Memory/Honor of:</b> _____                       |  |
|  | <input type="checkbox"/> Donation           |  |  |
|  | <input type="checkbox"/> Anonymous Donation | <b>On the</b>  | <b>Please process my Weekly or Bi-Weekly gift:</b> |
|  | <input type="checkbox"/> Memorial Gift      | <input type="checkbox"/> 1 <sup>st</sup> of the month  | _____ (day of the week)                            |
|  | <input type="checkbox"/> Honor Gift         | <input type="checkbox"/> 5 <sup>th</sup> of the month  |  |
|  | <b>As a</b>                                 | <input type="checkbox"/> 10 <sup>th</sup> of the month | <b>Please apply my gift as follows:</b>            |
|  | <input type="checkbox"/> One-time Gift      | <input type="checkbox"/> 15 <sup>th</sup> of the month | \$ ____ AWANA                                      |
|  | <input type="checkbox"/> Weekly Gift        | <input type="checkbox"/> 20 <sup>th</sup> of the month | \$ ____ Benevolence                                |
|  | <input type="checkbox"/> Bi-Weekly Gift     | <input type="checkbox"/> 25 <sup>th</sup> of the month | \$ ____ Bible Camp                                 |
|  | <input type="checkbox"/> Monthly Gift       |  | \$ ____ Budget                                     |
| <input type="checkbox"/> Semi-Monthly Gift*  | <b>Please process my first gift on</b>      | \$ ____ Building                                       |  |
| <input type="checkbox"/> Quarterly Gift  | ___/___/___ (mm/dd/yyyy)                    | \$ ____ Missions                                       |  |
| <input type="checkbox"/> Semi-Annual Gift  |   | \$ ____ Special (specify in comments)                  |  |
| <input type="checkbox"/> Annual Gift   | <b>Please process my last gift on</b>       | \$ ____ <b>Total Gift</b>                              |  |
|  | ___/___/___ (mm/dd/yyyy)                    |  |  |
| <b>Comments:</b> _____   |   |  |  |
| <i>*Please choose two dates for Multi-Monthly gifts. Please note the <u>total donation amount</u> specified will be debited on each date selected.</i> |   |  |  |

|                            |  |
|----------------------------|--|
| <b>PAYMENT INFORMATION</b> | <b>Enclosed is a voided check for my donation.</b> Please transfer my donation from my checking or savings account. 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 any time through the online donation form at <a href="http://www.ambassadorbaptist.org">www.ambassadorbaptist.org</a> or by contacting Ambassador Baptist Church by phone or mail. All donations provided to Ambassador Baptist Church comply with U.S. Law. |
|                            | Signature _____ Date _____<br>(Required)   |

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