



**Southeast Valley
BIBLE CHURCH**
Worshiping our God, Loving our Neighbor

Southeast Valley Bible 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!

CONTACT

Name(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Company: _____ Title/Position: _____ Phone: (____) _____
Email(s): _____

For office use only

Envelope # _____

GIFT INFORMATION

I'd like to make a: ☐ Donation ☐ Memorial Gift ☐ Honor Gift

In Memory/Honor of: _____

As a: ☐ One-Time Gift ☐ Weekly Gift ☐ Bi-Weekly Gift ☐ Monthly Gift ☐ Quarterly 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

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

Please apply my as follows:

\$_____ General Fund	\$_____ Summer Camp	\$_____ Missions
\$_____ Building	\$_____ Love Offering	\$_____ Joel Travel
\$_____ Romania Faith Promise	\$_____ Benevolence	\$_____ Food for Families
\$_____ Mexico Trip		
\$_____ Other (Please specify in comments)		\$_____ Total Gift

Comments: _____

PAYMENT INFORMATION

☐ 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 Southeast Valley Bible Church. 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.sevbc.org or by contacting Southeast Valley Bible Church by phone or mail. All donations provided to Southeast Valley Bible Church comply with U.S. Law.

For Office Use Only

\$_____ 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 can request a copy from Southeast Valley Bible Church.

Southeast Valley Bible Church • 710 E Williams Field Rd • Gilbert, AZ 85297 • (480) 899-4858 • www.sevbc.org