

Slater Baptist Church

CONTACT

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email(s): _____ Phone: (____) _____

GIFT INFORMATION

Please Process my Gift: ☐ One-time ☐ Weekly ☐ Bi-Weekly ☐ Monthly

☐ Quarterly ☐ Semi-Annual ☐ Annual

Please Process my Gift on the: ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

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

Please apply my gift to: ____ General Fund ____ Benevolence ____ Sunday School ____ Kids Club

____ Special Offering -please designate in comments box below ____ Building Fund

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 Slater Baptist 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.slaterbaptistchurch.org or by contacting Slater Baptist Church by phone or mail. All donations provided to Slater Baptist 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 Slater Baptist Church.

Slater Baptist Church • 601 Story St, Box 246, Slater, IA 50244 • (515) 228-3123 • www.slaterbaptistchurch.org