



Valley Christian Fellowship

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E-Giving Program – Electronic Tithes and Offerings

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

I would like to make a: ___ Weekly Gift - *(processes every 7 days)*
 ___ Bi-Weekly Gift - *(processes every 14 days)*
 ___ Monthly **on the:** ___ 5th of the month **OR** ___ 20th of the month
 ___ One-Time Gift

To start on: ___ / ___ / ___ *(mm/dd/yyyy)*

Donation Amount \$ _____ *(\$10 minimum)*

Please apply my gift to: \$ _____ Tithes \$ _____ Special offering *(please specify in comments)*

Comments: _____

___ Yes! I wish 100% of my donation amount to go to Valley Christian Fellowship. I would like to pay the 3% processing fee associated with my donation. *(Please enter amount below)*

Please add \$ _____ *(3% for all gifts)*

Total Donation Amount: \$ _____ *(required)*

___ Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

OR

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

Credit Card Number _____ Expiration Date ___ / ___



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.vcflongview.org or by contacting Valley Christian Fellowship by phone or mail. All donations provided to Valley Christian Fellowship comply with U.S. laws and regulations.

Signature _____ Date _____
(Required)

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