



Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

____ Yes, I wish to stay connected to all that is happening with Pulpit Rock Church! Please add me to your mailing list to receive newsletters, mailings or emails.

____ I would like to make a: _____ Weekly Gift - (processes every 7 days) _____ Bi-Weekly Gift - (processes every 14 days)
To start on: ____/____/____ (mm/dd/yyyy) End Date (Optional): ____/____/____ (mm/dd/yyyy)

OR

____ I would like to make a: _____ One-Time _____ Monthly _____ Quarterly _____ Semi-Annual _____ Annual Gift
Process my gift on the: _____ 5th of the month OR _____ 20th of the month
To start on: ____/____/____ (mm/dd/yyyy) End Date (Optional): ____/____/____ (mm/dd/yyyy)

Please make this a _____ Donation _____ Memorial Gift _____ Honor Gift _____ Anonymous Donation

In Memory/Honor of: _____

In the Amount of \$ _____

Please apply my gift to:

- ____ Ministry (General) Fund _____ Internship _____ Missions _____ Mortgage Reduction
____ Emergency Assistance _____ Christmas Offering _____ Marriage Works _____ Sports Camps
____ Other (Please specify) _____

____ 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 ____/____

____ Yes! I wish 100% of my donation amount to go to Pulpit Rock Church. I would like to pay the 3% processing fee associated with my donation.

For Office Use only: \$ _____ Processing Fee Amount (3% for Credit Card gifts)
\$ _____ Total Donation Amount (Amount specified above + Processing Fee Amount)

I understand my future donations will be transferred directly from my checking account or credit card as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.pulpitrock.com or by contacting Pulpit Rock Church by phone or mail. All donations provided to Pulpit Rock Church comply with U.S. laws and regulations.

Signature (Required) _____ Date _____

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