

Name(s)						
Address						
City			State	Zip Code		
TelephoneEmail						
If you would like to rece emails, please check this	-	ne work at Converge	Ministries, Inc. thro	ugh our newsletter,	mailings, and	
I would like to make a:	e a: Weekly Gift - (processes every 7 days)			Bi-Weekly Gift - (processes every 14 days)		
To start on:/	/(n	nm/dd/yyyy)				
OR						
I would like to make a:  Process my gift on the:  To start on:/	1 <sup>st</sup> of the	month um/dd/yyyy)	10 <sup>th</sup> of the month	n25	5 <sup>th</sup> of the month	
Please make this a	Donation	Memorial Gift	Honor Gift	Anonyn	nous Donation	
In Memory/Honor of						
In the Amount of: \$25	\$50	\$100\$25	50\$500	\$1,000 \$	Other Amount	
Yes! I wish 100% of my cassociated with my donated			inistries, Inc. I would	ld like to pay the pro	ocessing fee	
Please add \$(3% for C	redit Card donation	s or \$0.25 Checking Ac	count donations)			
Total Donation Amount: \$	(rec	juired)				
Additional comments:						
Additional comments.			to our General Fund	d		
Enclosed is a voided ch	neck for my donat	tion. Please transfer i	ny gift from my check	king account.		
My credit card informs	ation is listed belo	ow for my donation.	Please transfer my gi	It from my credit care	d.	
Credit Card Number				Expiration Da	ate/	
I understand my future donations v suspend my gift at any time throug mail. All donations provided to Co	gh the online donatio	n form at <u>www.converg</u> e	<u>eministry.com</u> or by cont			
Signature				Date		