

Circle One: Mr. Mrs. Ms.

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Address _____

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Phone (_____) _____ E-mail _____



CHURCH OF GOD
MINISTRIES



STEWARDSHIP MINISTRY GROUP

- Make checks payable to Church of God Ministries
- Return this form in the envelope provided

Project #	Project Description	Gift Amount
		\$
		\$
		\$
		\$
	Total	\$

Credit Card/Debit Contribution—please use back of form

Apply my gift as Stewardship Ministry Group Credit for my congregation _____
church name

_____ Donate online at www.jesusisthesubject.org _____



CHURCH OF GOD MINISTRIES PO Box 2420 • Anderson, IN 46018-2420



A more convenient way to give • Please take my/our gift in the amount indicated below from my/our:

- Checking Account (attach voided check)
- Savings Account (attach deposit slip)
- Credit Card

Monthly gift amount \$ _____

This amount will be taken out on the 15th of every month.

Date of first gift _____ mm/yy

Date of last gift _____ mm/yy

**To give continuously until you notify us to change or stop the gift write "cont." on the "Date of last gift" line.*

Payment Information: Visa MasterCard Discover AmEx Check (Make payable to Church of God Ministries)

Credit Card Account # _____ - _____ - _____ Expiration Date _____ mm/yy

CID# _____ (3-digit number located at the end of the signature panel on the back of the credit card)

Name as it appears on check or credit card (Please Print): _____

Cardholder's Billing Address

(If different than other side of card): _____

Phone # where cardholder can be reached (_____) _____

E-mail: _____

Signature (required) _____

OFFICE USE ONLY

Postmark Date: _____

Deposit Date: _____

Ck# _____

I _____ B _____ Ch _____

Ck date _____

Amt pd _____

Aut# _____

Inv# _____