

Credit Card Information

By completing this form, I authorize the Church to charge the amount indicated below

Name (as it appears on the card) _____

Billing Address _____

City/State/Zip _____

Credit Card Number _____

Expiration Date: ____/____/____ CVC # _____ Type of Card: ____ Master Card ____ Discover ____ Visa

Amount to be charged \$ _____ One time Weekly Monthly (until: ____/____/____)

Signature _____

Remember that the church does not receive the entire amount specified, as we pay a fee for processing. If you are interested in adjusting the amount to insure the church receives the entire gift intended, please adjust by 2.15%.



2016 ESTIMATE OF GIVING

In appreciation of God's blessing and abundant gifts, and as an expression of my Christian Stewardship and generous Discipleship, I/we plan to give:

\$ _____ per week, or

\$ _____ per month, or

\$ _____ per year.

- I am interested in electronic giving
- Please contact me about how to include the church in my estate planning
- I am interested in offering gifts other than cash or check

To contribute by credit card see other side or visit the website: southelkhorncc.org/give

Name: _____

Phone: _____

Address: _____

Email: _____