

Date _____ Rec. No. _____

Name _____

Address _____

City _____ Zip _____

Home Church _____

The Personal Giving Plan

Tithe 10% of Income	80.	\$
Local Church Budget		\$
Conference Advance 1-2%	82.60	\$
World Missions 2-3%	81.14	\$
Building Fund		\$
ADRA Annual Appeal	81.15	\$
		\$
		\$
Total Enclosed		\$

Please charge the above amount to:

☐☐

Card No. _____

Expiration Date _____

Signature _____

Phone Number _____