

Date _____ Rec. No. _____

Name _____

Address _____

City _____

City/State _____ Zip _____

Home Church _____

PERSONAL GIVING PLAN

Tithe 10% of Income	\$
Local Church Budget	\$
Conference Advance	\$
World Missions	\$
Building Fund	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

Please charge the above amount to: ☐  ☐  ☐ 

Card Number _____

Expiration Date _____

Account Number _____

Routing Number _____

Signature _____

Phone Number _____