

Donor \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_



CHURCH of GOD MINISTRIES  
WORLD MINISTRY ADVANCE



- Please complete and return with your next contribution
- Make checks payable to Church of God Ministries
- Mail this form to: Church of God Ministries  
PO Box 2420  
Anderson, IN 46018-2420

Project ID	Comment	Gift Amount
		\$
		\$
	<b>Total</b>	\$

Credit Card/Debit Contribution—please use back of form

Apply my gift as World Ministry Advance Credit for my congregation \_\_\_\_\_  
church name

**Donate online at [www.chog.org](http://www.chog.org)**

**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.

**Credit Card Information:**  Visa  MasterCard  Discover

Credit Card Account Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Expiration Date \_\_\_\_\_  
mm/yy

CID Number \_\_\_\_-\_\_\_\_-\_\_\_\_ (3-digit number located at the end of the signature panel on the back of your credit card)

Cardholder's Billing Address \_\_\_\_\_  
\_\_\_\_\_

**Bank Account Information:** Account No. \_\_\_\_\_

Authorized signature on my bank account and/or credit card:

(Name as it appears on card) \_\_\_\_\_ Signature \_\_\_\_\_  
Please Print Required