## **Monthly Giving by Credit Card or Bank Draft**



Use this form to set up monthly donations to Covenant Care Services by automatic credit card transaction or by automatic draft from your checking or savings account. Covenant Care Services is a registered 501(c)(3) non-profit organization. All gifts are tax deductible to the extent allowed by law.

Name			
Address			
City, ST ZIP			
Phone #(s)			
E-mail			
I am committing to su	upport the Gospel-	driven adoption ministry o	of Covenant Care Services
with a regular, month	ıly gift of:		
	□ \$25	□ \$250	
	□ \$50	□ \$500	
	□ \$100	□ Other: \$	
	_	<b>—</b> • • • • • • • • • • • • • • • • • • •	
Method of Donation:	□ credit card	I	
		from checking/savings	
Cradit Card Information			
Credit Card Information Card Type: □ Visa	☐ MasterCard	☐ Discover ☐ American	ı Express
• •		ard Number:	•
Authorized Signature: _		Date	:
Bank Draft Information I authorize Covenant Care S	ervices to debit my acco	ount and, if necessary, to initiate ac	diustment entries for transactions
made in error. This agreeme	ent will remain in effect o	until I give at least two (2) weeks a	-
terminate this authorization	1.		
Please attac	h a voided check (for ch	necking account) or deposit slip (fo	or savings account).
Authorized Signature:		Date:	
, tatilorized digitature.		Dutc	

Return this form to: