



**DONATION PROGRAM**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I would like to make a Recurring Gift as a:  Monthly Gift

Process my gift on the:  1<sup>st</sup>  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup> of the month

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

OR

I would like to make a One-Time Gift

.....  
Total Donation Amount \$ \_\_\_\_\_

Please apply my gift to: \$ \_\_\_\_\_ General Fund \$ \_\_\_\_\_ Crescendo Academy of Fine Arts

Comments: \_\_\_\_\_

Enclosed is a voided check for my recurring donation. Please transfer my gift from my checking account.

*\*\*For One-Time Checking Account donations, please include a completed check with your donation form.*

OR

My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_



.....  
I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at [www.perritteumc.org](http://www.perritteumc.org) or by contacting Perritte Memorial United Methodist Church by phone or mail. All donations provided to Perritte Memorial United Methodist Church comply with U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)