



Automatic Payment Checking OR Credit Card

Save on time and postage! Sign up for easy automatic payment through automatic checking withdrawal or automatic credit card payment. Mail completed form to:

Lord's Gym Ministries
P.O. Box 5099
Cincinnati, OH 45205

Amount to be donated each month: \$ _____

Donation Designation (Staff or Specific Fund): _____

Name:			
Address:	City:	St:	Zip:
Phone Number:	Email:		

Please fill out EITHER credit card OR checking account information below:

Automatic Credit Card:

Name as it appears on the card:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
	<input type="checkbox"/> AmEx	<input type="checkbox"/> Visa
Billing Address: _____ :		
Credit Card Number:	Exp. Date:	Security Code:

Automatic Check withdrawal (to be taken on the 1st or 15th of every month):

PLEASE ATTACH A VOIDED CHECK TO THIS PAGE

Name of Bank:	Name on Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number :	Bank Account Number:	<input type="checkbox"/> 1st of the month <input type="checkbox"/> 15th

Please charge my card/account today for any missed donation installments.

To help the ministry cut down on overhead costs, your receipts will be emailed. You will still receive a paper year end donation receipt by mail in January for tax purposes. Thank you for helping us save time and paper.

Signature: _____ Date: _____

FOR LORD'S GYM MINISTRIES OFFICE USE ONLY:

Start Date: ____/____/____

Total Monthly Amount \$ _____