



1230 US Highway Six, Corunna, IN 46730, www.churchdoctor.org

Please make checks payable to Church Doctor Ministries. We also accept PayPal!

<p>I am a:</p> <ul style="list-style-type: none"> ◇ Donor/Friend of the Ministry ◇ Church <p>I am interested in:</p> <ul style="list-style-type: none"> ◇ Using Thrivent Choice Dollars to Support the Ministry ◇ Electronic Giving Options (See other side.) ◇ Legacy/Planned Giving 	<p>Check enclosed. Check # _____ Amount \$ _____</p> <p>Credit Card: _____ Visa _____ MasterCard _____ Discover _____</p> <p>Card Number: _____</p> <p>Expiration Date: ____/____ CSV # (on back of card) _____</p> <p>Signature: _____</p> <p style="text-align: center;">(as it appears on card)</p> <p>Billing Address: _____</p>
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<p>Gift Designation:</p> <ul style="list-style-type: none"> ◇ Use my Thanksgiving donation to help Church Doctor Ministries help more churches reach more people. 	<p>Help us keep our database up to date!</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p> <p>Phone _____</p> <p>E-mail Address _____</p> <p>Prayer Requests _____</p>
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Church Doctor Ministries is a member in good standing of The Evangelical Council for Financial Accountability. Contributions are solicited with the understanding that Church Doctor Ministries has complete discretion and control over the use of all donated funds.

Electronic Payment Form

For help filling out this form, contact our office at 1.800.626.8515 or at info@churchdoctor.org.

Name:

(as it appears on the account or card)

Address:

City:

State:

ZIP:

E-mail:

Phone: ()

Please check account type:

- Checking
- Savings
- Money Market
- Credit Card
- Other:

Amount: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

Please include a voided check or bank-approved account information with this letter.

Credit Card Number: _____

Expiration Date: _____

CVV: _____

- I authorize Church Doctor Ministries to make a **one-time** withdrawal from my account.
- I authorize Church Doctor Ministries to make a **recurring** withdrawal from my account.

1st

Monthly

15th

Quarterly

Yearly

Signature: _____

To end recurring payments, I must submit in writing 30 days prior to end date. All returned debits will be subject to a \$30 fee, plus any additional fees from your financial institution. For credit and debit cards, there is a 3.5% processing fee which will be added to your total.