



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

I am a:

- Donor/Friend of the Ministry
Church

I am interested in:

- Using Thrivent Choice Dollars to Support the Ministry
Electronic Giving options (see other side)
Legacy/Planned Giving

Check enclosed. Check #
Amount \$

Credit Card: Visa MasterCard Discover
Card Number:
Expiration Date:
CSV # (on back of card)
Signature:
(as it appears on card)

Billing Address:

Gift Designation:

- Use my Year End donation to help Church Doctor Ministries help more churches reach more people.



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.

Help us keep our database up to date!

Name
Address
City, State, ZIP
Phone
E-mail Address
Prayer Requests

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
 - 15th
 - Monthly
 - 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.