



## CBMC Credit Card Giving

I authorize CBMC to charge my credit card for the amount of my gift as I have written below. I understand that I will receive a tax-deductible receipt for each contribution and will hear how God is using me through my financial partnership with the CBMC Ministry each time a transfer is made.

Please apply my gift to these funds:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_

Use where most needed by the CBMC ministry \$ \_\_\_\_\_

I prefer my gift to be transferred on the: \_\_\_\_\_ 5th \_\_\_\_\_ 20th of the month

Please process my gift: \_\_\_monthly \_\_\_quarterly \_\_\_annually

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: home \_\_\_\_\_

work \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



CBMC, Inc. P.O. Box 8009 Chattanooga, TN 37414-0009 <http://www.cbmc.com/stewardship/>

**When you choose our Direct Giving option,** your gift will be transferred directly from your bank account or credit card to the CBMC ministries you designate.

By doing this, you decrease the time it takes us to process donations at the Service Center. Plus, it saves you time and postage, so you don't have to remember to send in your check.

Get started by filling out this form for giving by either bank transfer or credit card (other side).

phone 800.566.2262  
fax 423.629.4434

## CBMC Direct Giving

I want to give to the work of CBMC by transferring my designated amount from my bank account. I understand that I will receive a tax-deductible receipt for each contribution and will hear how God is using me through my financial partnership with the CBMC Ministry each time a transfer is made.

Please apply my gift to these funds:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_

Use where most needed by the CBMC ministry \$ \_\_\_\_\_

I prefer my gift to be transferred on the: \_\_\_\_\_ 5th \_\_\_\_\_ 20th of the month

Please process my gift: \_\_\_monthly \_\_\_quarterly \_\_\_annually

I have enclosed a check with my first gift. By doing so, I authorize my bank to deduct the amount of my gift as I have written below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: home \_\_\_\_\_

work \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send to: CBMC, Inc. P.O. Box 8009 Chattanooga, TN 37414-0009

