



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: _____

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/>



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: _____

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/>



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: _____

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

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

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: _____



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

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

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: _____



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

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

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: _____

