

Authorized Giving Form

CAC502

New Request

Change

Your Information

Name	<input type="text"/>	Phone	<input type="text"/>
Address 1	<input type="text"/>	City	<input type="text"/>
Address 2	<input type="text"/>	Province	<input type="text"/>
Postal Code	<input type="text"/>		
Email*	<input type="text"/>		

Your Credit Card Information (MC or Visa ONLY)

Card Type	<input type="text"/>		
Card Number	<input type="text"/>	Expiry Date	<input type="text"/>
Name on Card*	<input type="text"/>		

Donation Information

Amount	<input type="text"/>	Envelope Number	<input type="text"/>
Frequency	One Time <input type="checkbox"/> or Monthly <input type="checkbox"/>	Your envelope number is a 4 digit number. Ex 0001, 0010, 1000 etc.	
Beginning Date	<input type="text"/>		

Designation Information

	Amount or %	
Church Ministry Operations	<input type="text"/>	
Building Fund	<input type="text"/>	
Global Advance (Overseas Missions)	<input type="text"/>	
Canadian Ministries	<input type="text"/>	
Other Approved Designations	<input type="text"/>	Indicate Designation <input type="text"/>

Authorization

Signature	<input type="text"/>	I hereby authorize Cedarview Alliance Church to place an automatic withdrawal to my credit card for my monthly giving. If there are any changes, I will contact the Church office and give one month notice for the change to take place.
Date	<input type="text"/>	

Office Use

Balance to Bank Record	Y or N	
Donator Contacted	Y or N	Phone/Email
Comments	<input type="text"/>	