

CONTRIBUTION ENROLLMENT FORM

Complete, sign and return this form to: Nativity Church of Fargo



Attn: Margaret Zeren
1825 11th St S
Fargo, ND 58103

I/We understand that my total monthly contribution amount will be transferred directly from my bank account or credit/debit card, on the 15th of the month, as stated below. A record of my gifts will appear on my bank or card statement and my transfer will begin (month/year) _____.

Monthly Offertory Gift: \$ _____

You may also choose to give to the following Endowments or Building Fund.

ENDOWMENT	AMOUNT	ENDOWMENT	AMOUNT
<input type="checkbox"/> General		<input type="checkbox"/> Social Justice	
Monthly	\$ _____	Monthly	\$ _____
Quarterly	\$ _____	Quarterly	\$ _____
Annually (<i>December</i>)	\$ _____	Annually (<i>December</i>)	\$ _____
<input type="checkbox"/> M. Mueller/General			
Monthly	\$ _____		
Quarterly	\$ _____		
Annually (<i>December</i>)	\$ _____		
<input type="checkbox"/> Faith Formation Scholarships		COLLECTION	AMOUNT
Monthly	\$ _____	<input type="checkbox"/> Building Fund	
Quarterly	\$ _____	Monthly	\$ _____
Annually (<i>December</i>)	\$ _____	Quarterly	\$ _____
		Annually (<i>December</i>)	\$ _____

This authorization is to remain in full force and effect until Nativity Church of Fargo has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Nativity Church of Fargo and the bank a reasonable opportunity to act on it. I (we) acknowledge that the origination of these transactions to my (our) account must comply with the provisions of U.S. law.

Name(s): *(please print)* _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Internal Use Only

Church Envelope #: _____

Date Entered: _____

Entered by: _____

I/We do not wish to receive the Monthly Stewardship Envelopes.

For Bank Account Debit or Savings: Please return this completed form and a voided check or deposit slip.

For Credit/Debit Card: Please complete the following...

VISA MasterCard Discover Card

Credit/Debit Card #: _____ CVC2 Code: _____

Expiration Date: _____

Signature: *X* _____

Date: _____