



GLOBAL MINISTRIES

RECURRING GIFT ENROLLMENT

DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gift Designation: _____

☐ I/We choose to donate (choose amount below) on a (choose frequency below). I/We also understand that the recurring gift will continue unless we cancel in writing (30-day notice required)

Amount: \$ _____

Frequency (check one): ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Deduction Date (choose one): ☐ 1st of the month ☐ 15th of the month

Signature: _____

PAYMENT TYPE

☐ Please automatically deduct from my checking/savings account (*please include a voided check*)

☐ Please automatically charge my credit card:

☐ Visa

☐ MasterCard

☐ American Express

☐ Discover

Card Number: _____ Expiration: _____

Cardholder's Name: _____ Signature: _____

Send to:
United Church of Christ
P.O. Box 71957, Cleveland, Ohio 44194
Phone: (800) 846-6822 • Fax: (216) 736-2297 • Email: giving@ucc.org