

# Desiring God Monthly Contribution Form: Two Options

## Electronic Funds Transfer (EFT) Service

1 If you wish to contribute monthly to the work of Desiring God, and prefer having your gift automatically transferred from your checking account, we offer a convenient EFT service. This free service is easy to set up. Simply complete the form below and return it to us. Your tax-deductible gift to DG will be transferred on the 10th or 25th of each month, and each gift will be receipted.

## Automatic Credit Card Billing

2 If you wish to contribute monthly to the work of Desiring God, and prefer having your gift automatically charged to a credit card, we offer a convenient billing service. This free service is easy to set up—just complete this form and return it to us. Your tax-deductible gift to DG will be charged during the second week of each month, and each gift will be receipted. This service is available for your convenience, but we encourage you to not incur debt by contributing to Desiring God.

**Note:** Your EFT or Credit Card billing authorization remains in effect until you notify Desiring God that you wish to end this arrangement, which you may do at any time by calling or sending a note to Desiring God.

To set up an automatic contribution plan, please complete and return this form

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Monthly amount \$ \_\_\_\_\_

Please use my contribution where most needed

Please use my contribution for \_\_\_\_\_

**Mail or fax this form (and your voided check for EFT option) to Desiring God:**

2601 E Franklin Ave  
Minneapolis, MN 55406

T 888.346.4700 F 612.338.4372

E mail@desiringGod.org

### Please choose one of the following:

Electronic Funds Transfer from my checking account  
(attach a voided check — do not send deposit slip)

Bank Name \_\_\_\_\_

I prefer a transfer date of the  10th  25th of each month

Please begin the month of \_\_\_\_\_

Automatic billing to my credit card  
(please use your billing address on this form)

Please charge my:

Visa  Mastercard  Discover  AMEX

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Please begin billing (mm/yy) \_\_\_\_\_

I authorize an automatic  EFT *or*  credit card billing each month. This authorization shall remain in effect until I notify Desiring God that I wish to end this arrangement, which I may do at any time by calling or sending a note to Desiring God.

Signature \_\_\_\_\_

Date \_\_\_\_\_