

MY INFORMATION:

NAME

E-MAIL

ADDRESS

CITY STATE ZIP

MOBILE PHONE

MY RESPONSE:

- I will pray regularly
- I will contribute to One Collective:

\$ _____

- Monthly
- Occasional Gift

*Mail checks to the address above.

Contributions are solicited with the understanding that One Collective has complete discretion and control over the use of all donated funds.

I AM GIVING TO SUPPORT:

(NAME)



RECURRING MONTHLY OPTIONS:

I WOULD LIKE MY GIFT OF \$

PROCESSED BEGINNING WITH THE MONTH OF:

PLEASE SELECT - EFT (OPTION 1) OR CREDIT CARD (OPTION 2)

1 ELECTRONIC FUNDS TRANSFER

TRANSFER DATES: 7th 15th 21st 28th

CHECKING ACCOUNT*

* Please enclose a voided check from your financial institution that provides account and routing information (required for processing). If your financial institution does not have printed checks, go to give.onecollective.org instead.

SAVINGS ACCOUNT*

All gifts provided to One Collective originating as ACH transactions comply with U.S. law.

2 CREDIT CARD

TRANSFER DATES: 5th 10th 20th

CARD NUMBER:

15 gray boxes representing card number digits

EXPIRATION:

4 gray boxes representing month and year, with a slash between the second and third boxes

MONTH

YEAR

4 gray boxes representing CVV#

CVV# (SECURITY CODE)
(AMEX REQUIRES FOUR)

VISA

MASTERCARD

AMEX

DISCOVER

PLEASE SIGN & INDICATE A BILLING ADDRESS

(IF DIFFERENT FROM FRONT)

NAME

E-MAIL

ADDRESS

CITY

STATE

ZIP

PHONE

MOBILE

I understand that gifts will be transferred directly from my account and that a record of each gift will appear on my statement.

SIGNATURE (REQUIRED)

TODAY'S DATE