



*A convenient, consistent way to help our church grow*

## Enjoy the convenience of electronic giving

Our ministry offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our ministry.

### How to get started

To set up electronic contributions, (a) complete the authorization form on the right and return it by mail to: **Bridge of Hope Ministries, PO Box 1172, St. Louis, MO 63043** or (b) visit our giving website at: **[bridgeofhopestl.churchcenteronline.com](http://bridgeofhopestl.churchcenteronline.com)**

Electronic contributions can be made using any of the following payment methods:

- Checking/Savings account (ACH)
- Credit/Debit card

To avoid credit card fees, our ministry prefers ACH transactions.

## AUTHORIZATION FORM

Church name: <b>Bridge of Hope Ministries</b>	
Your name:	
Address:	
City, State, Zip:	
Email address:	
I would like to make the following contribution(s):	
<input type="checkbox"/> General Operating Fund	\$ _____
<input type="checkbox"/> Boda Support Fund	\$ _____
<input type="checkbox"/> Hope Education Fund	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<b>Total</b>	\$ _____
Date of first contribution: ___/___/___	
Frequency of contribution (check one):	
<input type="checkbox"/> Weekly – Mondays	
<input type="checkbox"/> Semi-monthly – 1 <sup>st</sup> and 15 <sup>th</sup>	
<input type="checkbox"/> Monthly on the 1 <sup>st</sup>	
<input type="checkbox"/> Monthly on the 15 <sup>th</sup>	

<b>CHECKING / SAVINGS</b>	<i>Complete this section if using your checking or savings account</i>
Please debit my (check one):	
<input type="checkbox"/> Checking account—attach voided check <input type="checkbox"/> Savings account—attach voided deposit slip	
Routing #:	Account #:
<i>Valid routing # must start with 0, 1, 2 or 3</i>	
I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	

<b>CREDIT / DEBIT CARD</b>	<i>Complete this section if using your credit or debit card</i>
Please charge my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card #:	Expiration Date:
Name on card:	
Billing Address (if different from above):	
I authorize the above organization to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	