



Christ on Campus

Reaching ... Equipping ... Sending

310 Arkansas Ave. Fayetteville, AR 72701 479.521.8358
www.christoncampus.org

I want to help ConC reach, equip, & send UofA students to lead & influence the world to the glory of God

MY DONATION OF: \$ _____

___ By automatic debit on the 5th day of the month of my:

Type of Account: ___ Checking ___ Savings
Frequency of Gift: ___ Monthly ___ One Time

_____		_____
(Financial Institution Name)		(Branch)

(Address)	(City/State)	(Zip)

(Routing Number)	(Account Number)	

****PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!***

___ By charge to my credit card

Type of card: ___ Visa ___ MasterCard ___ Discover ___ American Express
Frequency of Gift: ___ Monthly ___ One Time

Name as it appears on card _____

Card # _____ Exp. Date _____

Card Billing Address _____

Signature _____ Date _____

I may end or change this automatic donation request at any time by contacting
Mike@christoncampus.org or 479-521-8358.

I _____, hereby authorize **Christ on Campus**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION / CREDIT CARD PROCESSOR, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION / CREDIT CARD PROCESSOR a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

_____/_____/_____

(Date)