



# Direct Giving Program Agreement

You can share in our commitment to reach legislators with the gospel of Jesus Christ by becoming part of our direct giving program. When you participate, your gift will be transferred directly from your bank account to Capitol Ministries each month. Why should you participate in this program?

- 1.) You will save time, money and postage.
- 2.) Our administrative expenses will be reduced and your gift will be put to work immediately.

## How can you take part in Capitol Ministries' monthly giving plan?

Please fill out the information in the section below, and mail it back to Capitol Ministries at P.O. Box 22 22 22, Santa Clarita, CA 91322 or fax to (661) 288-2652. Indicate the amount you wish to contribute each month from your checking or savings account here and *keep this top portion for your records*:

Checking \$ \_\_\_\_\_ or Savings \$ \_\_\_\_\_

Below you will be required to direct your monthly donation to either an existing state ministry or to Capitol Ministries National. If at any time you have any questions, or if you desire to increase, decrease or suspend your automatic giving, please call (661) 288-2622. All gifts originating as ACH (Automatic Clearing House) transactions comply with U.S. law.

Yes, I authorize Capitol Ministries and the financial institution named below to charge my account each month the amount shown below. This authority will remain in effect until I give written notice to cancel it.

Amount per month \_\_\_\_\_ (*minimum \$10*)      Monthly withdrawal date 5<sup>th</sup>  21<sup>st</sup>  (*check one*)

Checking  Savings

Please indicate the account to which you would like to direct your monthly gift:

National  State  If state, please indicate \_\_\_\_\_

If giving to more than one account, please list accounts with respective amounts

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date Signed \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

Thank you for your commitment to Capitol Ministries. Please return this card in the envelope provided along with a **voided check** from your personal checking account *or* a **deposit slip** from your savings account.