



Please print this form and complete the information below to make your monthly gift to the General Church of the New Jerusalem.

DONOR INFORMATION:

Account Holder's Name: (First Name and Last Name): _____

Street Address _____ Apt /Box Number _____

City _____ State/Province _____ Zip/Area Code _____ Country _____

Home Phone _____ E-Mail (optional) _____

RECURRING PAYMENT OPTIONS

BY CREDIT CARD:

\$ _____

Monthly Gift Amount _____ Starting Date _____ Final Date _____

Name On Card _____ Please charge my credit card on the:

Check One Visa Mastercard Discover American Express 1st 15th

Card Number _____ Expires _____ Security Code _____

BY CHECK:

\$ _____

Monthly Gift Amount _____ Starting Date _____ Final Date _____

Please withdraw on the: 1st 15th **Please enclose your VOIDED blank check.**

FUND FOR THE CHURCH

OTHER FUND (SPECIFY) _____

Signature _____

Today's Date _____

RETURN FORM TO:

The Office of Advancement, P.O. Box 708, Bryn Athyn, PA 19009 | 267.502.4990

When paying by Bank withdrawal, remember to **include a VOIDED blank check.**

Please contact MARK WYNOLL, Manager of Giving Operations 267-502-2423 with QUESTIONS.