

FEEDING GOD'S CHILDREN

New Genesis Foundation, Inc.

Pledge to support Feeding God's Children in the amount of \$30 per month per child.

Number of children _____ Total Monthly Contribution _____

Names of Children 1. _____

2. _____

(Use back if more space is needed)

Ages 4-8 _____ 9-12 _____ or 13-16 _____ Boys _____ Girls _____

DONOR INFORMATION

Last Name _____

First Name(s) _____

Street _____

City _____

State _____ ZIP _____

Telephone _____ Email _____@_____

PAYMENT OPTIONS

I choose to make monthly donations to the Feeding God's Children Ministry of \$ _____ by:

1. One time donation _____
2. Semi- Annual Payment By Check _____ (payable to Feeding God's Children)
3. Credit Card Visa _____ MasterCard _____
Card # _____ Expiration Date _____ Security # _____
4. Automatic Draft _____ Please carefully complete the automatic payment option section below.

Automatic Payment Option

I hereby authorize my bank to transfer from my account and pay to Feeding God's Children (New Genesis Foundation, INC.) \$ _____ monthly as shown below:

Checking Account _____ Savings Account _____

Bank Routing Number (The first nine numbers lower left corner of checks)

Account Number (The second ten numbers lower left corner of checks)

Withdraw on 5th _____ 20th _____ of each month

Signature _____

(Required – Same as you sign at your Bank)

You can cancel this agreement at any time by calling (865) 300-8276 Mon-Fri 9AM-5PM.

Office use only: Date Received _____ Processed by _____