

Commitment Form

Church of Prayer City of Love

My commitment to support the future of Church of Prayer with my contribution to building the City of Love campaign. This support is over and above my/our current tithes and offering.

Donor Information

NAME	SPOUSE'S NAME
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE

Donation Description

Pledge Amount \$		
<input type="checkbox"/> \$ _____ WEEKLY Every Sunday or _____		
<input type="checkbox"/> \$ _____ MONTHLY First day of every month or _____		
<input type="checkbox"/> \$ _____ ANNUALLY January 1 of each year or _____		
<input type="checkbox"/> \$ _____ ONE-TIME GIFT		
CREDIT CARD INFORMATION I hereby authorize Church of Prayer to charge my credit card with the amounts pledged above on the installment dates indicated. If weekly, on every Sunday, if monthly, on the first day of the month unless otherwise indicated. Credit Card Type <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Other _____ Card Number _____ Expiration date _____ Name as it appears on Card: _____ CVV _____ Signature: _____		
CHECKS Made payable to Church of Prayer. Please note City of Love in the memo. Mail checks to the address below or drop in the offering box on Wednesdays or Sundays at Church of Prayer.		
ONLINE GIVING INFORMATION <u>Text</u> Type the word "GIVE" to 469-552-5595	QR CODE 	WEBSITE www.churchofprayerrockwall.com

Contact Information

Church of Prayer

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