



YES! Please accept my gift to the New York State Council of Churches

You can also use our donation page at www.nyscoc.org

Name _____

_____ I'd like to make a one-time gift of \$_____ by check or credit card
_____ Please charge my credit card for a weekly_____monthly_____ quarterly _____ gift of _____ ending
on _____ date, or _____ until I cancel. (fill-in or check appropriate blanks)

Card Number _____

Expiration Date _____/_____/_____ CVV code (3 digits) _____

___ Visa ___ MasterCard ___ Discover ___ American Express

Cardholder name (please print)

_____ **Please deduct from my checking account** for a
weekly_____ monthly_____ quarterly_____ gift of _____ ending on _____ date or
_____ until I cancel

RoutingNumber _____ AccountNumber _____

Some also prefer to arrange with their bank to send the Council payments automatically through online banking. Please let us know how much you intend to give on a weekly, monthly, or quarterly basis.

Gift Planning: _____ I have remembered New York State Council of Churches in my will.

Thank you for your gift!

Help Us Keep Our Records Current -

Name _____

Organization/Title _____

E Mail _____

Address _____

Phone _____ Mobile _____

Spouse Name _____