



Automated Donations

I want to share in the ministry of FCS Urban Ministries with my tax-deductible gift. I want to support:

_____ General Fund _____ Program Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Credit Card Donations

Monthly Gift Amount \$ _____ Please bill my credit card monthly beginning ___/20/20___

Mastercard Visa American Express

Card # _____ Exp. Date: _____

Signature: _____

required for credit card payments

Electronic Funds Transfer (EFT) Donations

Monthly Gift Amount \$ _____ Date of First Withdraw ___/20/20___

I hereby authorize FCS Urban Ministries to transfer the amount listed above from my account each month. I have included a voided check from my bank which allows FCSUM to begin debiting my account.

Signature: _____

required for EFT payments

Please mail this form with a voided check to FCS Urban Ministries, PO Box 17628, Atlanta, GA 30316.

Please contact Kerry Wilkerson at kerry@fcsministries.org or 404.627.4304 for questions.