Dear Friend of the Christian Worship Hour:

If you would like to donate using your credit/debit card (or by having your donation taken directly out of your bank account without writing a check), please use this form to mail or fax your donation to the Christian Worship Hour. The Billing Address is the address where your bank or credit/debit card statement is mailed to.

If you would like to have your donation taken directly from your bank account by eCheck (without writing a check or using a debit card), the following image shows where to find your account and routing numbers. Please attach a voided check if you want donations deducted directly from your checking account or a deposit slip if donations are to come out of your savings account.

Please call our office if you have any questions. Thank you for your donation. God bless.

In Christ,

The Christian Worship Hour

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# Christian Worship Hour Giving Form

Please complete the top section for both credit/debit card **and** eCheck donations:

<table>
<thead>
<tr>
<th>What type of donation are you making (please select one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorial □ In Honor of □ Birthday □ Anniversary □ General □</td>
</tr>
<tr>
<td>Who your memorial/dedication/birthday/etc. is for: __________________________</td>
</tr>
</tbody>
</table>

Name as it appears on your account: __________________________________________

Billing Address:
Address 1: _______________________________________________________________
Address 2: _______________________________________________________________
City: ____________________ State: ______ Zip: ___________ Phone: ______________

Your email address: ________________________________________________________

What TV Station do you watch CWH on? ____________ Day/Time: _________________

- [ ] This is a one-time gift of $ _________________.
- [ ] This is a recurring gift of $ ________________ on the ________ day of each month.

*I understand that a Recurring Monthly Gift will be ongoing and will remain in effect until I notify the Christian Worship Hour that I wish to change or terminate this agreement.*

Please give **either** your credit/debit card information:

**For Credit Card or Debit Card donations:**

- Credit/Debit Card Type (*Circle one*): VISA  MASTERCARD  DISCOVER
- Credit Card Number: _______________________________
- Expiration Date: ________ / ________  CVV: ________
  *Month  Year  The 3-digits to the right of the signature strip*
- Cardholder’s Signature: ___________________________  Date: ____________

or your bank account information:

**For eCheck donations** (*to be deducted directly from your bank account)*:

- Routing # _____________________  Account Number ______________________
- Bank Account Type (*Circle one*): CHECKING  SAVINGS
- Name of Your Bank: ________________________________
- Signature: ________________________________  Date: __________________

*Please attach a voided check or a saving account deposit slip*

Please **fax** your completed form to 605-725-2772 or **mail** it to:

Christian Worship Hour
P.O. Box 2002
Aberdeen, SD 57402 2002

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