

Cooperative Christian Ministry

*Providing immediate assistance to members of our community
who are experiencing crisis in the areas of food, shelter, or finances
while providing them access to resources that will
empower them to move beyond crisis.*

Financial Donation Form

Name: _____

Address: _____

City/State/Zip _____

Phone _____ Email _____

Donation/Pledge

I am making a donation of \$ _____

I pledge a monthly contribution of \$ _____ (amount)

I pledge a yearly contribution of \$ _____ (amount)

This pledge shall start on _____ (date)

This pledge shall be in effect to _____ (date) unless revoked by me at an earlier date.

Signature

Date

Check the box by the method of payment you would like to use:

Personal Check Credit Card: VISA MC AMEX

Credit Card # _____ Expiration Date _____ CSC _____

Signature _____ Date _____

Donations can be mailed to: Cooperative Christian Ministry, PO Box 1717, Concord, NC 28026-1717

Or donate electronically at www.cooperativeministry.com Click "Donate"

For information/comments call Lynn Swisshelm at 704-786-4709 x816 or
lswisshelm@cooperativeministry.com

Comments:

Thank you for partnering with Cooperative Christian Ministry. Your financial support is crucial to the families in crisis that we serve each day. Your donation is greatly appreciated.