

I will commit to pray monthly for the Ciho Family/Sub-Urban Group:

Day: _____ Time: _____

Please indicate the most helpful way we can update you about the Sub-Urban Group:

- Quarterly newsletter updates by email (reducing cost of postage + printing)
- Quarterly newsletter updates by postal mail

To make a pledge or a donation please indicate on this form or write to info@sub-urban.org

Name: _____

Address: _____

Phone: _____ Email: _____

Personal donations to **Andrej & Jessica Ciho/Sub-Urban Group** can be made online at <http://sub-urban.org/about/our-team/>, or by money order, bank withdrawal, credit card, or check - payable to FCS Urban Ministries. FCS is a 501© 3 tax-exempt organization. All donations, both monetary and material, are deductible for tax purposes.

FCS Urban Ministries | PO Box 17628 | Atlanta, GA 30316 | 404-627-4304 | Attn: **Ciho/Sub-Urban Group**

Giving options:

1. Pledge of future support
\$ _____ / mo / yr
2. Enclosed check or money order
Amount: \$ _____
Specific need/designation: _____
3. Credit card*
4. Automatic Bank withdrawal*
***Instructions for 3 & 4 are below**

FCS Urban Ministries is now offering several new options for receiving donations. We are able to process credit cards for one-time and on-going gifts, as well as Electronic Funds Transfers (EFT) from your bank account. Please complete this form if you are interested in these new options and return it in the enclosed envelope. If you have any questions concerning donations, please contact Katie Delp at 404.627.4304 x241.

For credit card contributions to FCS Urban Ministries:

Gift amount: \$ _____

- Please bill my credit card
- Monthly beginning the 20th of _____ (mo/yr)*
- One-time gift

_____ MasterCard _____ Visa _____ American Express

Card # _____ Exp. Date: _____

Email: _____

Name on card: _____

Signature: _____
(required for credit card payments)

For monthly EFT contributions to FCS Urban Ministries:

Please return this form in the envelope provided, along with a voided check from your checking account.

Gift amount: \$ _____

- Please transfer funds from my bank account monthly

Date of first withdrawal beginning the 20th of _____ (mo/yr)*

Email: _____

I hereby authorize FCS Urban Ministries to transfer the amount listed above from my bank account each month.

Signature: _____

*Monthly credit card pledges and automatic bank withdrawals will be deducted on the 20th of each month except when the 20th is a Saturday or Sunday in which case they will be deducted on the following Monday.