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I want to help ConC reach, equip, & send UofA students to lead & influence the world to the glory of God

**MY DONATION OF \$\_\_\_\_\_** by automatic debit on the 5th day of the month from:

Type of Account:    \_\_\_ Checking    \_\_\_ Savings

Frequency of Gift:    \_\_\_ Monthly    \_\_\_ One Time

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*I may end or change this automatic donation request at any time by contacting  
mike@christoncampus.org or 479-521-8358.*

I \_\_\_\_\_, hereby authorize Christ on Campus, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated above and the financial institution named above, hereinafter called FINANCIAL INSTITUTION / CREDIT CARD PROCESSOR, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION / CREDIT CARD PROCESSOR a reasonable opportunity to act on it.

_____ (Print Individual Name)	
_____ (Signature)	_____/_____/_____ (Date)