

# We thank God for you.



The gifts and prayers of friends like you help thousands of hurting men and women find hope and comfort in Jesus Christ.

*God's Comfort for Life's Trials*

## My Information

Please provide the following information so that we can thank you for your gift.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please send me ministry updates by:  mail  email  both.  Please pray for me as I have written on the reverse.

## My Gift

My check or money order in the amount of \$ \_\_\_\_\_ is enclosed.

**Electronic Check.** Please withdraw my gift of \$ \_\_\_\_\_ from the account listed below.

Bank Name \_\_\_\_\_ Account Type:  Checking  Savings  Business Checking

Bank ABA Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (in case we have questions) E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card.** Please charge my gift in the amount of \$ \_\_\_\_\_ to my:  Visa  MasterCard  Discover  American Express

Credit Card Expires:  /  Card Number:

Name on the Card: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ (in case we have questions)

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

## GRACEDIRECT

**GraceDirect is the most convenient way to give! When you participate in electronic funds transfer, your gift will be transferred automatically each month from your checking or credit card account directly to Shades of Grace.**

I would like to enroll in GraceDirect and enjoy one less thing to remember! Please use the  bank account  credit card information I have provided above. I have completed the terms of agreement below.

**BANK ACCOUNT:** Please withdraw my gift from my bank account on the  5th or  20th of the month each month (check one). I authorize Shades of Grace to charge my account listed above, starting on \_\_\_\_\_ (mm/dd/yy) recurring each month on the \_\_\_\_\_ (5th or 20th) of the month for the amount of \_\_\_\_\_ \$. This authorization shall remain in effect until I notify Shades of Grace that I wish to end this agreement, which I may do at any time by visiting [www.shadesofgrace.org](http://www.shadesofgrace.org) or by calling 936-569-8741. A record of my payment will be included in my regular bank statement. I will receive a receipt from Shades of Grace for tax purposes.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Please enclose your check for this month's contribution, or send a voided blank check to Shades of Grace. Thank you for your partnership!*

**CREDIT CARD:** Please complete my monthly automatic gift transaction on the  5th or  20th of each month utilizing the credit. I authorize Shades of Grace to charge my card in the amount indicated above. Authorization for automatic gift transaction shall remain in effect until I notify Shades of Grace that I wish to end this agreement. I may increase, decrease or suspend my monthly gift at any time by visiting [www.shadesofgrace.org](http://www.shadesofgrace.org), by calling Shades of Grace at 936-569-8741. I will receive a receipt from Shades of Grace for tax purposes.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please send this completed form to:**  
Shades of Grace Ministries  
P.O. Box 632934  
Nacogdoches, TX 75963

*"In all my prayers for all of you, I always pray with joy because of your partnership in the gospel."*

**Philippians 1:4-5**

*Thank you for your generosity. All gifts are tax deductible as allowed by law. Please make checks payable to Shades of Grace Ministries. Thank you!*