

**Our Mailing Address:
Lakelands FCA POB 50707
Greenwood, SC 29649**

Name _____ Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

I would like to partner financially with a gift of:

\$50/month \$75/month \$100/month \$150/month Other: _____/month

One time donation: Cash Check Credit Card Bank Draft Amount of Gift _____

CREDIT CARD

Card Type: _____

Card Number: _____

Expiration Date (mm/yy): _____

Name on Card: _____



DIRECT DRAFT

Bank Name: _____

Account Number: _____

Routing Number: _____

Name on Account: _____

I would like to serve in the ministry of the FCA as a:

Board Member Character Coach Events Prayer Team Golf Committee Other _____