



ekklesia
Church at Raleigh

Today's Date: _____

Offering Amount: _____

Credit Debit Check Cash _____

Credit / Debit Card Number

Exp. Date

3 Digit Card ID#

Cardholder Name (please print)

Signature (required)

Check one: One-time Weekly Monthly

Year-end tax deductible donation receipt will be emailed to the person named below.

Name: _____ Email: _____