



**Office of Ministry Advancement**  
 PO Box 791 | Elizabethton, TN 37644-0791  
 Office 423.725.4010 | Fax 423.725.3719

*Thank you!*

Doe River Gorge Ministries is recognized by the Internal Revenue Service as a 501 (c) (3) nonprofit organization. All gifts are tax deductible to the fullest extent allowed by law.

**I would like to partner with Doe River Gorge to make an eternal difference in the lives of young people.**

**Enclosed is my gift in the amount of:**

\$5,000    \$2,500    \$1,000    \$500    \$250    \$100    \$50    \$25    Other \_\_\_\_\_

Please do not send cash in the mail. Make checks made payable to Doe River Gorge.

Please complete the bottom of this form if you would like to use your debit/credit card or electronic funds transfer.

**I would like to become a monthly or annual partner at the following giving plan level:**

\$12,000 annually (\$1,000 per month)       \$6,000 annually (\$500 per month)  
 \$1,200 annually (\$100 per month)       \$600 annually (\$50 per month)  
 \$300 annually (\$25 per month)       Other: \$ \_\_\_\_\_     annually     monthly

**I/We plan to begin this commitment on \_\_\_\_\_ and end on \_\_\_\_\_.**

*(This commitment may be modified or ended at any time by notifying Doe River Gorge).*

**I/We wish to** ( ) mail our monthly/annual commitment ( ) enroll in automatic gift plan using debit/credit card or EFT *(see below)*

**Please designate my gift for the following purpose:** \_\_\_\_\_

**Please contact me about making a non-cash gift such as stocks, bonds, securities, real estate, automobile, life insurance, etc.**

Please indicate non-cash gift type: \_\_\_\_\_

**My Company will match my gift (please attach the necessary forms)**

**Please contact me; I have other thoughts to share**

**Household Information**

Given by: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**His Information | Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Her Information | Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please process the gift(s) above by using my Debit/Credit Card or Electronic Funds Transfer (EFT).**

**To be used for**     One-time as indicated above  
                            Recurring as indicated above     Both

*Note: For recurring CC or EFT gifts, please complete the Automatic Gift Authorization below*

**Credit Card** ( ) Visa ( ) MasterCard ( ) Discover ( ) Am Express

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Electronic Funds Transfer (EFT) from checking account**

Bank Name: \_\_\_\_\_

Acct. # \_\_\_\_\_

9 Digit Transit/Routing Number: \_\_\_\_\_

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

**Recurring Automatic Gift Authorization**

I/we hereby authorize Doe River Gorge to make the selected Electronic Funds Transfer or Credit Card Transaction in the amount of \$ \_\_\_\_\_ on or after the  5th or  20th (check one) of each month beginning on \_\_\_\_\_ (month/year).

This authorization is to remain in effect until: 1) the donor terminates this agreement in writing; 2) Doe River Gorge or the financial institution sends the donor written notice of the termination of this agreement.

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