



MY COMMITMENT



As the Lord makes it possible, I will invest in the ministry of:

Staff/Project

Account Number

Your Information: Mr. Mrs. Miss Ms.

Name: First

Last

Spouse

Address

City

State

Zip

Phone (circle one) Home/Cell/Work

Email



The Navigators, a 501c3 non-profit organization, accepts gifts subject to donor designations. However, in accordance with IRS regulations, all gifts are given to and must be treated as belonging fully to The Navigators and are subject to its control and discretion. This card is not a legally binding contract nor a promise to give. It is a free-will expression of intent to give to The Navigators.

How to give

OPTION 1: Online

Give securely via eCheck or debit/credit card by using your staff's direct link printed on the front.

No need to mail this card.

OPTION 2: Check

Make check payable to The Navigators.

Today's gift \$ _____

I plan to make this gift:

monthly **quarterly** **annually**

OPTION 3: eCheck (*Electronic Funds Transfer*)

I authorize a transfer from my bank account each month. This authorization will remain in effect until I notify The Navigators that I wish to discontinue, which I may do at any time.

Enclosed is my gift by check made payable to The Navigators for the first month (or a voided check).

Please transfer my gift of \$ _____ on the
 10th **20th** **of each month**, beginning next month.

Signature

Date

/ _____

OPTION 4: Credit or Debit Card

Please charge today's gift of \$ _____

Make this a **monthly** **quarterly gift** on the
 5th **15th** **25th** beginning next month.

Card Number

_____/_____
Expiration Date

Print Cardholder's Name (as it appears on card)

Cardholder's Signature

Phone _____ Email _____

866-568-7827 • ministrypartnercare@navigators.org