



# Calvary of Albuquerque Donation/Payment Form

**\* Required Field**

\* Date \_\_\_\_\_ \* Phone (      ) \_\_\_\_\_

\* Your Name \_\_\_\_\_

\* Your Address \_\_\_\_\_

\* City, State, & Zip \_\_\_\_\_

The following definitions are guidelines to help you determine the correct category.

A **donation** is a gift given to a specific ministry, but not for the benefit of a specific individual. According to IRS Publication 526, contributions made to specific individuals are not considered donations. You may suggest that your donation benefit a specific individual; however, your suggestion does not obligate Calvary of Albuquerque in any way. Donations are utilized by each ministry's sole discretion in accordance and compliance with the policies and procedures of Calvary of Albuquerque. Note: For donation purposes, please **do not** write an individual's name on your check.

A **payment** is money given to a specific ministry for a specific purpose or to benefit a specific individual, and is not tax-deductible.

This is a (\* check one) \_\_\_\_\_ Donation \_\_\_\_\_ Payment in the amount of \*\$\_\_\_\_\_.

**For Donations:** Please consider \_\_\_\_\_ (name of individual) to benefit from this donation for \_\_\_\_\_ (event/trip). However, I understand that Calvary of Albuquerque is under no obligation to honor this request and may utilize my donation for other purposes within the church's designated ministries.

**For Payments only:** This payment is for \_\_\_\_\_ going to \_\_\_\_\_  
(Name of specific person; if none leave blank)

\_\_\_\_\_  
(Name of event or place)

For the following ministry: (\* check one) \_\_\_\_\_ TITHE \_\_\_\_\_ HOMESCHOOL  
\_\_\_\_ VELOCITY \_\_\_\_\_ VERTICAL \_\_\_\_\_ RENOVATE \_\_\_\_\_ MEN'S MINISTRY \_\_\_\_\_ SHEPHERD'S SCHOOL  
\_\_\_\_ WOMEN'S MINISTRY \_\_\_\_\_ SCHOOL OF MINISTRY \_\_\_\_\_ CHILDREN'S MINISTRY  
\_\_\_\_ GLOBAL ADVENTURES (*trips only*) \_\_\_\_\_ OTHER \_\_\_\_\_  
(Write the ministry's name here)

### Credit Card Information

Please note that **ALL** fields are required if paying by credit card.

\* Card Type (check one) \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ DISCOVER

\* Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \* Amount \$ \_\_\_\_\_

\* CVV: \_\_\_\_\_ \* Exp. Date \_\_\_\_\_ \* Name on Card \_\_\_\_\_

(3 digit # on back)

\* Signature \_\_\_\_\_

(optional) Email address (for credit card receipt): \_\_\_\_\_

**Completed forms can be mailed to 4001 Osuna Rd NE, Albuquerque, NM 87109. Thank you.**  
**If you have any questions, please contact the Calvary of Albuquerque Accounting Office at (505) 344-0880, ext 1123.**