the summit church

90 Day Tithing Challenge

Thank you for your interest in the 90 Day Tithing Challenge! We pray that over the next three months, you will be astounded by God's faithfulness as you take this essential step in your journey of faith by honoring Him in your finances.

Please print this form and fill in the information completely. Place completed forms in any tall wooden box located in the auditorium or around the lobby of The Summit Church or submit this form by mail:

The Summit Church
4440 High Point Road
Kernersville, NC 27284

Terms:

I understand that the challenge period is three months in duration.

Challenge Beginning Date: _____

Challenge End Date: _____

I understand that my household qualifies for participation because we have not been tithing at least a full 10% of our income.

I understand that when contributing to The Summit Church, my tithe must be given by personal check, online giving through ACS, online bill pay through my bank, or cash (with a completed giving envelope), so that my tithe can be properly accounted for and credited to me.

I understand that I cannot seek a refund prior to the end of the challenge period and I cannot seek a refund for any contributions made prior to the challenge period.

I understand a refund request must be put in writing and received by the Financial Administrator, Brenda Carico, in the church office, within 30 days of the end of the challenge period.

I agree that for the three month period, my household will contribute to God, through The Summit Church, a tithe equal to at least 10% of our income. At the end of the challenge period, if I am not convinced of God's faithfulness to bless my life and meet my needs as a result of my obedience to His Word, then I will be entitled to request a refund of the full amount of contributions made during that challenge period and I will be refunded in full.

Name: _____
First Last

Current Address: _____
Street City State Zip

Telephone: _____ E-mail: _____

Yes, I accept the terms of the tithing challenge.

Signature: _____ Date: _____