

90-Day Giving Challenge Registration Form

Please complete the following information and return this form to:

Celebration Baptist Church
4601 Highway 229
Haskell, Arkansas 72015

Name: _____ Date: _____
(first name) *(last name)*

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Terms & Conditions

- 1. I understand** this form must be completed and received by the Celebration Baptist Church Finance Team prior to the beginning of the 90-Day Giving Challenge Period. Therefore, the start date must be today's date or a future date.
- 2. I understand** my household qualifies for participation because we have not been tithing for the last six months.
- 3. I understand** I cannot seek a refund prior to the end of the 90-Day Giving Challenge Period, and I cannot seek a refund for any contributions made prior to the beginning of the 90-Day Giving Challenge Period.
- 4. I understand** any request for refund must be received by the Finance Team within 30 days of the end of the 90-Day Giving Challenge Period.
- 5. I understand** if paid at the Celebration Baptist Church Campus, my tithe must be paid by check, or by placing the funds in an envelope with my name and address recorded on the envelope, so that my tithe can be properly credited.
- 6. I understand** if paid online, I must log in prior to paying my tithe online, so that my tithe can be properly credited.
- 7. I would like to test God's faithfulness** by accepting the 90-Day Giving Challenge. I agree for 90-Day Period, my household will contribute to God, through Celebration Baptist Church, a tithe equal to 10% of our income. At the end of the 90-Day period, if I am not convinced of God's faithfulness to bless my life 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 90-day period.

I have read and agree to the above terms and conditions.

(signature)