

2012 Annual Giving Response Form

Name: _____

Phone: _____

Financial Gift:

I plan to give \$ _____ weekly, OR

I plan to give \$ _____ monthly, OR

I plan to give \$ _____ quarterly, OR

I plan to give \$ _____ annually.

I will make this contribution using:

_____ Weekly Envelopes. A box of numbered envelopes will be assigned to you and available for pick up in December in the narthex.

_____ Electronic Giving. Complete authorization form. →

_____ Payroll Deduction*. Check with your employer if this is an option for you. Your employer may call Cheryl Stegert for the required bank routing and account numbers.

_____ A Gift of Stock*: Notify your broker that the gift is for First Congregational UCC, Appleton, WI, and should be transferred to the church's account at Wedbush-Morgan Securities. Contact Joan Walber at PDI Financial Group at 920-739-2303. First Congregational UCC account #3241-66221 and Wedbush-Morgan DTC #0103.

*Please contact Cheryl Stegert at the church office, 733-7393, ext. 226.



Gifts of Time and Talent— Opportunities here are endless. There is a comprehensive list on the website. This is a great way to add work skills to the resume, meet new people and socialize. Contact Deb Burich at 733-7393 ext. 223.

Planned Giving - Include First Congregational in your estate plan. For more information please contact Cheryl at above phone number.

AUTHORIZATION FORM:

I authorize, First Congregational UCC, Appleton, WI :

Your name: _____

Address: _____

City, State, Zip _____

Email Address: _____

I would like to make the following contribution:

\$ _____ Weekly Monthly on the 1st

1st and 15th Monthly on the 15th

(Call office for other frequency options)

For a total annual giving of: \$ _____

Checking/Savings:

Complete this section if using your checking or savings account:

Please debit my (check one):

Checking Account Saving Account

Routing Number: _____

Account Number: _____

Credit/Debit Card: Complete this section if using your credit or debit card:

Please charge my: Visa Master Card Discover American Express

Card #: _____

Expiration Date: _____

Name on card : _____

Billing address if different from above:

I authorize the above organization and Vanco services to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____

Date: _____