First Congregational UCC, 724 E. South River St., Appleton, WI 54915

Name _____ Home Phone _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Email _____

I/We understand that this commitment can be changed at any time by giving notice to the church office.

☐ I/We would like to talk to someone about including the church in my/our will.

Signed: _____ Date: _____

I/We wish to make my/our contribution

☐ Weekly on _____ (day of week)

☐ Bi Weekly on _____ (day of week)

☐ Once a month on _____ (date of month)

☐ Twice a month on _____ and _____ (dates of month)

Date contribution begins _____

Amount of each contribution $ _____

Annual total of $ _____

☐ I/We wish to enroll in automatic giving. (Please see reverse side)

UNITED CHURCH OF CHRIST

Authorization for Automatic Giving

☐ I wish to offset the processing fees charged to the church. Please increase my giving amount to cover said fees.

Billing Address: ☐ Same as Front

Street _____ City _____ State _____

Checking/Savings Authorization: ☐ Checking ☐ Savings

Routing Number _____ Account Number _____

Credit Card Authorization: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name on Card _____

Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date ___ / ____

I authorize First Congregational UCC, Appleton and their payment processor to charge the above card and/or bank EFT/ACH. I understand that this authority will remain in effect until I provide reasonable notification to adjust or terminate the authorization.

Authorized Signature _____ Date _____