



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

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I plan to give beginning...

- Weekly on _____ (day of the week)
- Bi-Weekly on _____ (day of the week)
- Once a month on _____ (date)
- Other _____ (please specify)
- Twice a month on the _____ and _____ starting _____ (date)

Amount of each contribution \$ _____ Annual total of \$ _____

I/We wish to enroll in automatic giving (Please fill out one of the portions below)

Checking/Savings Authorization

Checking Savings

Routing Number: _____ Account Number: _____

Debit/Credit Card Authorization

Type of card: ___ Master Card ___ Discover Card ___ Visa ___ AMEX ___ Other (specify) _____

Card Number: _____

Expiration Date: _____ (MM/YYYY) CVV: _____

Amount to be charged: \$ _____

- I understand that this commitment can be changed at any time by giving notice to the appropriate church officer.**
- I would like to talk with someone about including the church or church-related institution in my will.**

Signature: _____

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.