



## 2019 Estimate of Giving

Name(s) \_\_\_\_\_

Phone \_\_\_\_\_  home

\_\_\_\_\_  cell

Email(s) \_\_\_\_\_

\_\_\_\_\_

**New to *INT*entional giving?** Decide if you'd like to give a percentage of your income (1-9%), tithe (10%), or another fixed amount.

### Ready to move to a deeper level of support?

That's great! Take your current offering and multiply that amount by the chosen percentage. For example: The Fords give \$500 per month. They want to increase their pledge by 4%. Multiply \$500 by .04 to give an extra 20 dollars per month, or an extra \$240 for the year (only \$0.66/day)!

I *INT*end to give \$ \_\_\_\_\_ each  week  month

For an annual total of \$ \_\_\_\_\_  quarter  year

- Renew Electronic Giving
- Please send envelopes
- Enroll me in Electronic Giving
- No giving envelopes needed

### Electronic Givers: Please complete the reverse including Frequency, Donation Amount, Sign, Date


I understand this is an estimate of my giving for 2019 and can be changed at any time by giving written notice to the finance office.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to the office or place in the offering plate by October 28, 2018.** Contact Heidi Zinn if you have any questions at 602.993.0050 or heidi@shadowrockucc.org.

For Office Use: Ack: \_\_\_\_\_ Entered: Vanco: \_\_\_\_\_ CW: \_\_\_\_\_

# 2019 AUTHORIZATION FORM SHADOW ROCK CONGREGATIONAL UNITED CHURCH OF CHRIST

<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
Effective date of authorization: ____/____/____		
<b>Type of authorization:</b> <input type="checkbox"/> New authorization using banking information on file <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> New authorization <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State      Zip
Email Address <span style="float: right;">Please email my electronic contribution statements to this address: Yes / No</span>		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly - Fridays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 28 <sup>th</sup> <input type="checkbox"/> Semi Monthly on the 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> One Time	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Facilities Improvement Fund <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
		<b>AMOUNTS:</b> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
		<b>Total from above</b> \$ _____
		<input type="checkbox"/> <b>Optional (card donations only):</b> x 2.75% Add an additional 2.75% to defray card processing fees
		<b>Grand total</b> \$ _____
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____		Date: _____
<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above organization to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____		Date: _____

*If using a checking account, please attach a voided check over the credit card section above.*