



Beginning January 1, 2020

MY/OUR COMMITMENT

I/WE WOULD LIKE TO RAISE MY/OUR CURRENT PLEDGE BY:
 10%
 _____ %
 \$ _____

I/WE WOULD LIKE TO MAKE A PLEDGE:
 WEEKLY: \$ _____ MONTHLY: \$ _____
 SEMI-MONTHLY: \$ _____ QUARTERLY: \$ _____
 ONE TIME GIFT: \$ _____

♥ TOTAL: _____

I/We will make my/our donation through:

- on-line giving - automatic bank withdrawal/credit card. *(If already set up on on-line giving, the church office can make any adjustments noted on the frontside of this card. If new to on-line giving, Complete both sides of this card or visit countrysideucc.org/give to set up online).*
- a gift of stock or through an IRA. *(Please contact our Financial Secretary in the church office.)*
- a personal check through the church office or the Basket.
- a Charitable Foundation
- my/Our bank's Bill Pay

Signed: _____ Date: _____

Please print your full name(s): _____ Email: _____

ELECTRONIC GIVING AUTHORIZATION FORM

Payment	Electronic Fund Transfer (EFT)	Credit Card Payment
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Date: to begin

___/___/___

Amount: _____

Thank you!

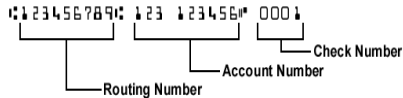
Checking

Savings

Account # _____

Bank Routing # _____

(always 9 digits)



Card Number _____

Name on Card _____

Expiration Date ___/___

Billing Address *(if different from reverse side)*

- Optional : So my donation goes towards the work of the church, please add an additional 2.75% to defray card processing fees.

I authorize Countryside Community Church to process transactions in accordance with the above information. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ *(as appears on card or account)* Date: _____