# 2015 STEWARDSHIP COMMITMENT FORM

Please double check this mailing label and make all the necessary corrections. If you no longer have a home phone, please cross out & print your cell phone number here: Cell Phone #_____

If you have an e-mail address and it is **not** printed on the mailing label above, please print it below. Your e-mail address will be used for sending out our monthly newsletters. **My e-mail address is**: _____

1. I would like to receive a box of church envelopes for the 2015 church year YES NO

   If you circled "Yes" please continue to line #2.

   If you circled "No" and would like to use our e-giving option, please go to question #3

2. My yearly contribution for 2015 church year will be $_____

   You have now completed the whole form, please return by mail or drop in the Sunday collection

3. I would like to begin using e-giving for the 2015 church year YES NO

4. I would like to make my contribution from my Checking Account or Savings Account (please circle one)

5. 2015 contribution: **(please circle either weekly, bi-weekly or monthly and fill in the dollar amount)**

   Weekly (52 payments) $_____; Bi-Weekly (26 payments) $_____; Monthly (12 payments) $_____

| | **2015 YEAR** |
|---|---|
| My General Fund contribution for the year | $ |
| *Initial Offering (helps with e-giving costs of $.25 per transaction)<br>$3.00 a year if you give monthly; $6.50 a year if you give bi-weekly;<br>$13.00 a year if you give weekly | $ |
| Ash Wednesday contribution to Peace UCC (February 18th) | $ |
| One Great Hour of Sharing collection (March 1st) | $ |
| Maundy Thursday contribution to Peace UCC (April 2nd) | $ |
| Easter Sunday contribution to Peace UCC (April 5th) | $ |
| Strengthen the Church collection (June 1st) | $ |
| Neighbors in Need collection (October 1st) | $ |
| Thanksgiving contribution to Peace UCC (November 26th) | $ |
| Wisconsin Conference Christmas Fund collection (December 1st) | $ |
| Christmas Donation to Peace UCC (December 24th) | $ |

*Note: If you are contributing towards the Initial Offering, the amount you list will be distributed evenly throughout the year; ( $.25 per transaction).

AGREEMENT

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: _____

**PLEASE TURN OVER AND FILL OUT THE OTHER SIDE**

**Frequency of E-Giving Donation**:

__ Weekly on Mondays *

__ Bi-Weekly *

__ Monthly – 5th of the Month *

*PLEASE FILL OUT THE E-GIVING AUTHORIZATION CARD BELOW

## E-GIVING AUTHORIZATION CARD
## PEACE UNITED CHURCH OF CHRIST – BRILLION, WI

Effective date of authorization: _____

Type of Authorization Form:

__ New Authorization

__ Change donation amount

__ Change donation date

__ Change Banking Information

__ Discontinue electronic donation

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

DATE OF FIRST DONATION:

_____/_____/_____

FREQUENCY OF DONATION (check only one)

__ Weekly – Mondays

__ Bi-Weekly – Mondays

__ Monthly on the 5th

DONATION AMOUNT

$ _____

Please debit my donation from my (check one):

___ Savings Account (contact your financial institution for Routing #)

___ Checking Account (attach a voided check to this form)

Routing Number: _____

*(Valid Routing # must start with 0, 1, 2 or 3)*

*The first set of numbers on the bottom of your check*

Account Number: _____

*The middle set of numbers on the bottom of your check)*

**AGREEMENT**

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: _____