

Estimate of Giving Card

Name: _____

Address: _____ Apt. No. _____ Phone: _____

City: _____ State: _____ Zip: _____

I plan to give \$ _____ each week month beginning _____

Signed: _____ Date: _____

This commitment may be revised or cancelled at any time at my request.



CHRIST

United Methodist Church

To Introduce Everyone to the Love of Christ

*“For your generosity to them and to all believers
will prove that you are obedient to the
Good News of Christ.”*

Options for Automatic Giving: If you prefer, you also have options for giving through automatic bank draft or through Pushpay.

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

Billing Address: Same as Front Please use the following address:

Street _____ City _____ State _____ Zip _____

Checking/Savings Authorization: Checking Savings

Routing Number _____ Account Number _____

You can set up credit card payments through Pushpay on the Christ UMC website. Click the box below to access that page.



[Click for Pushpay Option](#)

You can also access Pushpay through the Christ UMC smart phone app.

I authorize Christ United Methodist Church 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 _____

Click below to email this completed form to Elaine Stripling in the Christ UMC Finance Office