



EPWORTH UNITED METHODIST CHURCH

2019 Annual Stewardship and Mortgage / Capital Commitment

Please Complete All Three Steps

Name _____

Address _____

City St Zip _____

2019 Annual Stewardship Commitment

STEP 1

With gratitude for God's many blessings:

Week (times 52) =

Month (times 12) = Annual \$ _____

I / we commit to **2019** Annual Stewardship \$ _____ per Quarter (times 4) =

Year (times 1) =

I would like to sign up for (or continue) Monthly Automatic Electronic Funds Transfer; fill out form on backside.

2019 Mortgage / Capital Commitment

STEP 2

With gratitude for God's abundance grace:

Week (times 52) =

Month (times 12) =

I / we commit to **2019** Mortgage / Capital Fund \$ _____ per Quarter (times 4) = Annual \$ _____

Year (times 1) =

OR

Enclosed is a onetime gift for the Mortgage / Capital Fund in the amount of \$ _____.

Please enclose a check made out to Epworth United Methodist Church and designate Mortgage / Capital Fund.

2019 Giving Opportunities

STEP 3

I would like information about:

[] Giving gifts of stock or property to Epworth United Methodist Church.

[] Including Epworth UMC in my will or estate planning.

Signature

Date

Signature

Date

AUTHORIZATION FORM



EPWORTH UNITED METHODIST CHURCH

37W040 HIGHLAND AVE ELGIN IL 60124 847 931-5400

11030522062

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE								
Effective date of authorization: ___ / ___ / 2019										
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation										
Last Name	First Name									
Address										
City State Zip										
Email Address										
DATE OF FIRST DONATION: ___ / ___ / 2019	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly on the 15 th	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FUNDS:</td> <td style="width: 50%;">AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Mortgage / Capital</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Total</td> <td>\$ _____</td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General	\$ _____	<input type="checkbox"/> Mortgage / Capital	\$ _____	Total	\$ _____
FUNDS:	AMOUNTS:									
<input type="checkbox"/> General	\$ _____									
<input type="checkbox"/> Mortgage / Capital	\$ _____									
Total	\$ _____									
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____										

If using a checking account, please attach a voided check at the bottom of this page