



e-Giving – Electronic Tithes and Offerings Program

Neshanic Reformed Church has some good news to share! Your donations made through this program will help to sustain and support our church. e-Giving Program is convenient, as well as safe, reliable and confidential.

When you participate in the e-Giving Program, your recurring and one-time donations will be transferred conveniently from your checking or savings account directly to Neshanic Reformed Church. A record of each gift will appear on your monthly statement. In addition, we will continue to record and report to you all of your giving, regardless of method, on the giving statement the church provides. As a participant of the program, you are still free to make additional gifts by check or cash in the weekly collection plate.

You may increase, decrease, or suspend your giving at any time by calling us at 908-369-4542. All transfers originating as ACH transactions from our members' accounts comply with U.S. law.

Name(s) _____		
Address _____		
City _____	State _____	Zip Code _____
Telephone (Home) _____		(Business) _____
Email _____		
Please transfer my gift of \$ _____ Monthly OR _____ Semi-Monthly ** OR _____ Quarterly		
I'd like my gift to be processed on the _____ 5 th OR _____ 20 th of the month		
** Semi-Monthly gifts will be processed on the 5th and 20th of the month. Your total gift amount will be debited on both dates.		
Please apply my gift to: _____ Tithes & Offerings _____ Mission Offering _____ Altar Flowers		
_____ Classis Dues _____ Memorial Gift–Specify in Comments _____ Other–Specify in Comments		
Comments _____		
Enclosed is a voided check. Please transfer my monthly gift from my checking or savings account. I understand my future gifts will be transferred directly from my account. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.neshanicreformedchurch.org or by contacting the church by phone or mail. All gifts provided to Neshanic Reformed Church comply with U.S. law.		
Signature _____		Date _____
(Required)		

KEEP THIS PORTION FOR YOUR RECORDS

Use this portion of the form to indicate the amount of your gift each month from your checking account to Neshanic Reformed Church. Gift: \$ _____ Monthly OR _____ Quarterly on the _____ 5th OR _____ 20th of the month.

**** Semi-Monthly gifts will be processed on the 5th and 20th of the month. Your total gift amount will be debited on both dates**

Applied to: _____ Tithes & Offerings _____ Mission Offering _____ Altar Flowers
 _____ Classis Dues _____ Memorial Gift–Specify in Comments _____ Other–Specify in Comments

Comments _____

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