



E-Giving Program – Electronic Tithes and Offerings

When you participate in E-Giving Program, your gift will be transferred conveniently from either your checking or credit card account directly to Highland Christian Center - UCC. You may increase, decrease, or suspend your giving at any time through the online donation form at www.hcclive.com or by contacting Highland Christian Center by phone or mail. All transactions to Highland Christian Center - UCC comply with U.S. law.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Please enter the amount, frequency and date you'd like your gift processed.

Please note the total gift amount specified will be debited on each date selected.

I would like to make a:

Weekly Gift - (processes every 7 days)

Bi-Weekly Gift - (processes every 14 days)

To start on: ____ / ____ / ____ (mm/dd/yyyy)

I would like to make a:

One-Time Gift Monthly Gift Quarterly Gift

Semi-Annual Gift Annual Gift

Please process my gift on the:

1st 5th 10th 15th 20th 25th of the month

To start on: ____ / ____ / ____ (mm/dd/yyyy)

Please apply my gift to:

- | | |
|---------------------------------------------------|----------------------------------------------|
| \$ _____ Tithes | \$ _____ Endowment Fund |
| \$ _____ Offerings | \$ _____ Sam & Opal Johnson Scholarship Fund |
| \$ _____ Ministry Partner/Capital Campaign/Pledge | \$ _____ Missions |
| \$ _____ Children's Ministry | \$ _____ Pastoral Support |
| \$ _____ Youth Ministry | \$ _____ Other |
| \$ _____ Highland Haven | \$ _____ HARRP |
| \$ _____ Total Gift (required) | |

Enclosed is a voided check OR my credit card information. Please transfer my gift from my checking or credit card 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.hcclive.com or by contacting Highland Christian Center – UCC by phone or mail. All gifts provided to Highland Christian Center – UCC comply with U.S. law.

Credit Card Number _____ Expiration Date ____ / ____



Signature _____ Date _____
(Required)

Please make a copy of this form for your records, or you may request a copy from Highland Christian Center – UCC's office.