

North Presbyterian Church
Williamsville, NY

E-Giving Program – Electronic Tithes and Offerings

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Check here to be added to our mailing list to receive newsletters, event information and updates.

_____ I would like to make Recurring Gift of \$ _____ (minimum \$5.00).

As a _____ Weekly Gift - (processes every 7 days) _____ Bi-Weekly Gift - (processes every 14 days)

_____ Monthly Gift on the _____ 1st _____ 5th _____ 10th _____ 15th _____ 20th _____ 25th of the month

_____ Quarterly Gift _____ Semi-Annual Gift _____ Annual Gift

Start my recurring gift on: _____ / _____ / _____ (mm/dd/yyyy)

End my recurring gift on: _____ / _____ / _____ (mm/dd/yyyy)

Please apply my gift to: \$ _____ General Fund \$ _____ Memorial/Honor Fund \$ _____ Christmas Offering

\$ _____ One Great Hour of Sharing \$ _____ Peacemaking Offering \$ _____ Pentecost Offering \$ _____ Turkey Baskets

OR

_____ I would like to make a One-Time Gift of \$ _____ (minimum \$5.00).

Please apply my gift to: \$ _____ General Fund \$ _____ Memorial/Honor Fund

Yes! I wish 100% of my donation amount to go to North Presbyterian Church. I would like to pay the 2.5% processing fee associated with my donation.

For Office Use only: \$ _____ Processing Fee Amount (2.5% for all gifts)
\$ _____ Total Donation Amount (Amount specified above + Processing Fee Amount)

Please make this a _____ Donation _____ Memorial Gift _____ Honor Gift _____ Anonymous Donation

In Memory/Honor of: _____

Additional comments or questions related to this donation. If yours is an honor or memorial gift and you would like someone informed of your gift, please enter the name and address for notification here.

_____ Enclosed is a voided check for my recurring donation. Please transfer my gift from my checking account.

****For One-Time Checking Account donations, please include a completed check with your donation.**

OR

_____ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Number _____ Expiration Date _____ / _____



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.northchurchwilliamsville.org or by contacting North Presbyterian Church by phone or mail. All donations provided to North Presbyterian Church comply with U.S. laws and regulations.

Signature _____
(Required)

Date _____