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E-GIVING FORM

Our Vision: For every college student to live a Christ-centered life in Christian community; to find faith with friends.

Our Mission: To lead college students to accent a life in Christ that makes practical differences in their everyday lives.

Your donations help us fulfill our vision and mission on Stephen F. Austin State University campus.

By utilizing E-Giving, you are allowing us to plan with greater accuracy. The program is convenient, safe, secure, and reliable. Of course, you are still free to make additional gifts by check or cash. We will continue to record and report to you all of your giving, regardless of method, on the giving statements Wesley provides in January and June of each year, or at your request.

The Wesley Foundation discourages anyone from increasing his or her debt load in order to give. Debit cards and direct debits from your checking or savings account are great ways to give without risking increased credit debt.

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

I'd like to make a ___Monthly ___Quarterly ___Annually ___One-time donation of \$_____.

Please process my donation on the ___5th of the month **OR** ___20th of the month.

Please apply my donation to:

General Ministry

Franklin Weeks Scholarship Fund

Second Director Fund

Other – See Comments Below

Comments: _____

I plan to make this donation in the form of _____Checking Account OR _____ Credit/Debit Card

Credit/Debit Card Number _____ Expiration Date ____ / ____



Enclosed is a voided check OR Credit/Debit Card information for my donation. Please transfer my donation from my checking/Credit/Debit Card account. 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 any time through the online donation form at www.sfawesley.org or by contacting The Wesley Foundation by phone or mail. All donations provided to The Wesley Foundation comply with U.S. Law.

Signature _____ **Date** _____

(Required)

Please make a copy to keep for your records, or you may request one from: