

## E-Giving Program – Electronic Tithes and Offerings



New Hope Wesleyan Church has some good news to share! Your gifts made through the E-Giving Program work harder than ever to support our church. E-Giving is convenient, as well as safe, secure, and reliable!

When you participate in our E-Giving Program, your gift will be transferred conveniently from your checking or savings account directly to New Hope Wesleyan Church. As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides! You may increase, decrease, or suspend your giving at any time through the online donation form at [www.newhopealive.org](http://www.newhopealive.org) or by contacting the church by phone or mail. All gifts provided to New Hope Wesleyan Church as ACH transactions comply with U.S. law.

### 1. Please choose frequency of your gift:

<b>I would like to make a:</b> <input type="checkbox"/> Weekly Gift - ( <i>processes every 7 days</i> ) <input type="checkbox"/> Bi-Weekly Gift - ( <i>processes every 14 days</i> ) <b>To start on:</b> ____/____/____ ( <i>mm/dd/yyyy</i> ) <b>End Date (optional):</b> ____/____/____ ( <i>mm/dd/yyyy</i> )
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**OR**

<b>I would like to make a:</b> <input type="checkbox"/> One-Time Gift <input type="checkbox"/> Monthly Gift <input type="checkbox"/> Quarterly Gift <input type="checkbox"/> Annual Gift <b>Please process on the:</b> ____ 1 <sup>st</sup> ____ 10 <sup>th</sup> ____ 15 <sup>th</sup> ____ 25 <sup>th</sup> of the month <b>To start on:</b> ____/____/____ ( <i>mm/dd/yyyy</i> ) <b>End Date (optional):</b> ____/____/____ ( <i>mm/dd/yyyy</i> )
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### 2. Please include the additional details of your gift:

<b>Please make my gift a:</b> <input type="checkbox"/> Donation <input type="checkbox"/> Memorial Gift <input type="checkbox"/> Honor Gift  <b>In Memory/Honor Of:</b> _____  <b>Please apply my gift to:</b> \$ _____ Tithes \$ _____ Debt Reduction \$ _____ Backpack \$ _____ Children's \$ _____ Youth \$ _____ Missions \$ _____ <b>Total Donation Amount</b> <i>(required)</i>
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Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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 **Checking Account** [*Please attach a voided check*]

- OR -

**Savings Account** [*Please attach a deposit slip or contact the church for an additional form*]

**\*\*If using a deposit slip, please verify the routing number listed is the ABA Routing Number for your bank**

Please transfer my donation from my checking/savings 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.newhopealive.org](http://www.newhopealive.org) or by contacting New Hope Wesleyan Church by phone or mail. All donations provided to New Hope Wesleyan Church originating as ACH transactions comply with U.S. Law.

**Signature** (Required) \_\_\_\_\_ **Date** \_\_\_\_\_

**Please make a copy of this form for your records or you may request a copy from:**

**New Hope Wesleyan Church**

971 N. 400 W. • Columbia City, IN 46725 • (260) 327-3707 • [www.newhopealive.org](http://www.newhopealive.org) • [newhopealive@gmail.com](mailto:newhopealive@gmail.com)