

1620 Murray Street Alexandria, LA 71301 (318) 445-9845 www.saintjamesonline.org

## E-Giving Program – Electronic Tithes and Offerings

St. James Episcopal Church has some good news to share! Your offertory gifts made through the E-Giving Program work harder than ever to support our church. Your gifts will allow our church to reduce administrative costs, plan for future projects with great efficiency, and spend more time on ministry, less on fundraising. E-Giving Program is convenient, as well as safe, secure, and reliable!

When you participate in the E-Giving Program, your gift will be transferred conveniently from either your checking or credit card account directly to St. James Episcopal Church. A record of each gift will appear on your monthly statement. 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 gift any time through the online donation form at <a href="www.saintjamesonline.org">www.saintjamesonline.org</a> or by contacting the church by phone or mail. All gifts provided to St. James Episcopal Church as ACH transactions comply with U.S. law.

Name(s)			
Address			
City			Zip Code
Telephone	Email		
Please transfer my Pledge Payment	\Financial Contribution of \$	as a	
One-Time Monthly	Semi-Monthly**	Quarterly Semi-	Annual Annual Gift
Please choose the date you'd like yo Monthly gifts. Please note the <u>total</u>			sed. Please choose two dates for Semi- selected.
$_{}1^{st}$ $_{}5^{th}$ $_{}10^{th}$ $_{}15^{th}$	20 <sup>th</sup> 25 <sup>th</sup> of the mor	nth To Start on:	_/(mm/dd/yyyy)
Please apply my donation to:	Holy Land Pilgrimage	Pledge Pay	ments\Financial contribution
	Total Gift: \$	(Required)	
understand my future gifts will be tra	ansferred directly from my action form at <a href="http://www.saint">http://www.saint</a>	count. I understand that amesonline.org/ or by c	rom my checking or credit card account.  at I may increase, decrease, or suspend my ontacting the church by phone or mail. Al
Credit Card Number  VISA DISCOVER			Expiration Date/
Signature (Required)			Date