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[www.gracedecatur.com](http://www.gracedecatur.com)

**The E-Giving Program – Electronic Tithes and Offerings**

Grace Fellowship 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. The 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 each month from your checking or savings account directly to Grace Fellowship Church. A record of each gift will appear on your monthly bank statement. You may increase, decrease, or suspend your donation at any time on our website through our online donation form or by contacting us by phone or mail. All transfers originating as ACH transactions from our members' accounts comply with U.S. law.

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ Email \_\_\_\_\_

✧ I'd like to donate \$ \_\_\_\_\_ to be transferred: \_\_\_ Monthly **OR** \_\_\_ Semi-Monthly\*\*\* **OR** \_\_\_ Quarterly

✧ Please process my donation on the \_\_\_5<sup>th</sup> **OR** \_\_\_10<sup>th</sup> **OR** \_\_\_15<sup>th</sup> **OR** \_\_\_20<sup>th</sup> of the month  
 \*\*\*For Semi-Monthly donations, please select two (2) dates above

**Enclosed is a voided check.** Please transfer my monthly gift from my checking account. I understand my future gifts will be transferred from my account.

I understand that I may increase, decrease, or suspend my gift at any time on Grace Fellowship Church's website through the online donation form or by contacting the church by phone or mail. All gifts provided to Grace Fellowship Church as ACH transactions comply with U.S. law.

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

**KEEP THIS PORTION FOR YOUR RECORDS**

Use this portion of the form to indicate the amount of your gift each month from your bank account to Grace Fellowship Church.

Gift \$ \_\_\_\_\_ to be transferred \_\_\_ Monthly \_\_\_ Semi-Monthly \_\_\_ Quarterly

On the \_\_\_5<sup>th</sup> \_\_\_10<sup>th</sup> \_\_\_ 15<sup>th</sup> \_\_\_ 20<sup>th</sup> of the month.

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