



*“But since you excel in everything – see that you also excel in this grace of giving.”
2 Corinthians 8:7*

E-Giving Program – Electronic Tithes and Offerings

With your help, we can engage, equip, and empower people to love God passionately, love each other powerfully, and impact the world purposefully.

You may make donations directly from your checking account or from a credit or debit card. If you use a credit card, please be sure you will be able to pay off the monthly balance. As a participant of the program, you are still free to make additional gifts directly at the church 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.lfmchurch.net or by contacting the church by phone or mail. All gifts provided to Linden Free Methodist Church as ACH transactions comply with U.S. law.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

____ Yes, please include me on your email distribution list.

I'd like to make a _____ Donation _____ Memorial Gift _____ Honor Gift

In Memory/Honor of: _____

As a _____ Weekly Gift _____ Monthly Gift **OR** _____ One-Time Gift

On the _____ 1st of the month _____ 15th of the month _____ 25th of the month

Please apply my gift to: \$_____ General Fund (Storehouse) \$_____ Youth Fund \$_____ Youth Pastor

\$_____ Missions (missionary name in memo) _____

\$_____ Love Fund \$_____ Ladies Ministries \$_____ Men's Ministries \$_____ Grief Share

\$_____ Camp \$_____ Building Fund (debt reduction) \$_____ Building Improvement \$_____ Facility Use

\$_____ Bricks (give exact description) _____

\$_____ Other (please specify) _____

Total Donation Amount \$ _____ (required)

____ **YES! Please add the processing costs to my donation to help offset the Processing Fees assessed to the church.**

For Office Use only: \$ _____ Processing Fee Amount (3% for Credit Card gifts or 0.5% for Checking Account gifts)
\$ _____ Total Gift Amount (Amount specified above + Processing Fee Amount)

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my checking/credit 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.lfmchurch.net or by contacting Linden Free Methodist Church by phone or mail. All donations provided to Linden Free Methodist Church originating as ACH transactions comply with U.S. Law.

Credit Card Number _____ Expiration Date ____ / ____



Signature _____ Date _____
(Required)

Please make a copy of this form for your records or you may request a copy from Linden Free Methodist Church.