



CONTACT

Name(s) _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (____) _____ Email _____

GIFT INFORMATION

I would like to make a **In Memory/Honor of:** _____

<input type="checkbox"/> Donation	On the	As a
<input type="checkbox"/> Anonymous Donation	<input type="checkbox"/> 1 st of the month	<input type="checkbox"/> One-time
<input type="checkbox"/> Memorial Gift	<input type="checkbox"/> 5 th of the month	<input type="checkbox"/> Weekly Gift
<input type="checkbox"/> Honor Gift	<input type="checkbox"/> 10 th of the month	<input type="checkbox"/> Bi-Weekly Gift
Please process my first <i>Weekly</i>	<input type="checkbox"/> 15 th of the month	<input type="checkbox"/> Monthly Gift
or <i>Bi-Weekly</i> gift on:	<input type="checkbox"/> 20 th of the month	<input type="checkbox"/> Quarterly Gift
_____ (day of the week)	<input type="checkbox"/> 25 th of the month	<input type="checkbox"/> Semi-Annual Gift
___/___/___ (mm/dd/yyyy)		<input type="checkbox"/> Annual Gift


Please process my first gift on:
 ___/___/___ (mm/dd/yyyy)

Please apply my gift as follows:
 \$_____ Gift Amount

Comments: _____

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account.
OR

My credit card information is listed below for gift. Please transfer my gift from my credit card. 

Credit Card Number _____ Expiration Date ____ / ____

Yes! Please add the 2.19% credit card or \$0.25 ACH Processing Fee assessed to Edenton United Methodist Church for me

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 at any time through the online donation form at www.edentonchurch.com or by contacting Edenton United Methodist Church by phone or mail. All donations provided to Edenton United Methodist Church comply with U.S. Law.

For Office Use Only

\$ _____ **Processing Fee Amount** (2.19% amount for Credit Card gifts or \$0.25 amount Checking Account gifts)

\$ _____ **Total Donation Amount (required)**
 (Donation Amount specified above + Processing Fee Amount)

Signature (Required) _____ **Date** _____