

E-Giving Program – Electronic Tithes and Offerings



Thank you for your generous financial gift. The money given through electronic giving will be used by the church to continue and further God's mission of reconciling all things to himself. We consider it an incredible privilege and responsibility to be used by God in this way.

While "credit card giving" is available as an option it is our desire that you not incur debt when giving to the church. Please use and apply biblical standards of stewardship and financial management when giving.

CONTACT	Name(s) _____	Envelope Number: _____	
	Address _____		
	City _____	State _____	Zip Code _____
	Telephone (_____) _____		Email _____
	<input type="checkbox"/> If you would like to receive updates from Grace Brethren Church of Waynesboro through our newsletter, mailings, emails, and additional information, please select the "Opt-In" check box.		

GIFT INFORMATION	I would like to make a	<i>In Memory/Honor of:</i> _____
	<input type="checkbox"/> Donation	
	<input type="checkbox"/> Memorial Gift	Please process my <i>Weekly or Bi-Weekly</i> gift on: _____ (day of the week)
	<input type="checkbox"/> Honor Gift	
		Please process my <i>Monthly, Quarterly</i>
		<i>Semi-Annual or Annual</i> gift on:
	As a	<input type="checkbox"/> 1 st of the month
	<input type="checkbox"/> One-time	<input type="checkbox"/> 5 th of the month
	<input type="checkbox"/> Weekly Gift	<input type="checkbox"/> 10 th of the month
	<input type="checkbox"/> Bi-Weekly Gift	<input type="checkbox"/> 15 th of the month
<input type="checkbox"/> Monthly Gift	<input type="checkbox"/> 20 th of the month	
<input type="checkbox"/> Quarterly Gift	<input type="checkbox"/> 25 th of the month	
<input type="checkbox"/> Semi-Annual Gift		
<input type="checkbox"/> Annual Gift	Please process my first gift on	
	___/___/___(mm/dd/yyyy)	
	Please apply my gift as follows:	
	\$_____ Current Expense	
	\$_____ Missions Fund	
	\$_____ Deacons Fund	
	\$_____ Capital Fund	
	\$_____ Other – Please Specify in Comments	
	\$_____ Total Gift (minimum \$5.00)	
Comments: _____		

PAYMENT INFORMATION	<input type="checkbox"/> Enclosed is a voided check for my gift. Please transfer my gift from my checking account. OR
	<input type="checkbox"/> My credit card information is listed below for my gift. Please transfer my gift from my credit card.
	Credit Card Number _____ Expiration Date ___/___/___
	<input type="checkbox"/> Yes! Please add the 3% Credit Card or \$0.25 ACH Processing Fee assessed to Grace Brethren Church of Waynesboro 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.waynesborograce.org or by contacting Grace Brethren Church of Waynesboro by phone or mail. All donations provided to Grace Brethren Church of Waynesboro comply with U.S. laws and regulations.
	<p style="text-align: center;"><i>For Office Use Only</i></p> <p>\$_____ Processing Fee Amount (3% for Credit Card gifts or \$0.25 amount Checking Account gifts)</p> <p>\$_____ Total Donation Amount (required) (Donation Amount specified above + Processing Fee)</p>
	Signature _____ Date _____
	(Required)