

CONTACT

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Check here to be added to our mailing list to receive newsletters, event information and updates.

GIFT INFORMATION

**I would like to make a** **In Memory/Honor of:** \_\_\_\_\_  
 Donation **Please process my Weekly or Bi-Weekly Gift on:** \_\_\_\_\_ (day of the week)  
 Memorial Gift **Please process my Monthly, Quarterly, Semi-Annual or Annual Gift on the:**  
 Honor Gift  1<sup>st</sup> of the month  
**As A**  5<sup>th</sup> of the month  
 One-time Gift  10<sup>th</sup> of the month  
 Weekly Gift (*processes every 7 days*)  15<sup>th</sup> of the month  
 Bi-Weekly Gift (*processes every 14 days*)  20<sup>th</sup> of the month  
 Monthly Gift  25<sup>th</sup> of the month  
 Quarterly Gift  
 Semi-Annual Gift **Start my recurring gift on:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
 Annual Gift **End my recurring gift on:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**Please apply my gift to:** \$ \_\_\_\_\_ General Fund/Together We are North \$ \_\_\_\_\_ Memorial/Honor Fund  
 \$ \_\_\_\_\_ Christmas Offering \$ \_\_\_\_\_ One Great Hour of Sharing \$ \_\_\_\_\_ Peacemaking Offering  
 \$ \_\_\_\_\_ Pentecost/Celebrating Youth Offering \$ \_\_\_\_\_ Per Capita Donation  
 \$ \_\_\_\_\_ Turkey Baskets \$ \_\_\_\_\_ Youth – Please detail in comments below

**Additional comments or questions related to this donation. If yours is an honor or memorial gift and you would like someone informed of your gift, please enter the name and address for notification here.**

\_\_\_\_\_  
 \_\_\_\_\_


PAYMENT INFORMATION

Enclosed is a voided check for my **recurring** donation. Please transfer my gift from my checking account.  
*\*\*For One-Time Checking Account donations, please include a completed check with your donation.*

**OR**

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

**Credit Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_ / \_\_\_\_



Yes! I wish 100% of my donation amount to go to North Presbyterian Church. I would like to pay the 2.5% processing fee associated with my donation.

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.northchurchwilliamsville.org](http://www.northchurchwilliamsville.org) or by contacting North Presbyterian Church by phone or mail. All donations provided to North Presbyterian Church comply with U.S. laws and regulations.

*For Office Use only:*

\$ \_\_\_\_\_ **Processing Fee Amount (2.5% for all gifts)**

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

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