



New Hope Wesleyan Church has some good news to share! Your gifts made through the E-Giving Program work harder than ever to support our church. E-Giving is convenient, as well as safe, secure, and reliable!

When you participate in our E-Giving Program, your gift will be transferred conveniently from your checking/savings account or Credit/Debit card directly to New Hope Wesleyan Church. As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides!

CONTACT

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email(s): _____

GIFT INFORMATION

Please make this a: ☐ Donation ☐ Memorial Gift ☐ Honor Gift ☐ Anonymous Donation

In Memory/Honor of: _____

Please Process my Gift: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Quarterly ☐ Yearly

Please Process my Gift on the: ☐ 1st ☐ 10th ☐ 15th ☐ 25th of the month

Please apply my gift to: \$_____ Tithes \$_____ Debt Reduction \$_____ Backpack

\$_____ Children's \$_____ Youth \$_____ Missions \$_____ Missions - Steve & Hannah Johnson

\$_____ Total Gift

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

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 my gift. Please transfer my gift from my credit card.

Card Number _____ Expiration Date ____/____



☐ Yes! I wish 100% of my donation amount to go to New Hope Wesleyan Church. I would like to pay the 2.19% credit card or \$0.25 ACH 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.newhopealive.org or by contacting New Hope Wesleyan Church by phone or mail. All donations provided to New Hope Wesleyan Church comply with U.S. Law.

For Office Use Only

\$_____ Processing Fee Amount (3%
for Credit Card gifts or \$0.25
for Checking Account gifts)

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

Signature (Required) _____ Date _____