

E-Giving Program – Electronic Tithes and Offerings

St. James Episcopal Church has some good news to share! Your offertory gifts made through the E-Giving Program work harder than ever to support our church. Your gifts will allow our church to reduce administrative costs, plan for future projects with great efficiency, and spend more time on ministry, less on fundraising. E-Giving Program is convenient, as well as safe, secure, and reliable!



When you participate in the E-Giving Program, your gift will be transferred conveniently from either your checking or credit card account directly to St. James Episcopal Church. A record of each gift will appear on your monthly statement. 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) _____		
	Company _____	Title/Position _____	
	Address _____		
	City _____	State _____	Zip Code _____
	Country _____		
	Telephone _____	Email _____	

GIFT INFORMATION	Please process my gift:	Please process my gift on the:	Please process my first gift:
	<input type="checkbox"/> One-time	<input type="checkbox"/> 1 st	____ / ____ / ____
	<input type="checkbox"/> Monthly	<input type="checkbox"/> 5 th	(mm/dd/yyyy)
	<input type="checkbox"/> Two or more times each month*	<input type="checkbox"/> 10 th	
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> 15 th	Gift Amount
	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> 20 th	\$ _____
	<input type="checkbox"/> Annually	<input type="checkbox"/> 25 th	
Please apply my gift to: <input type="checkbox"/> Virtual Plate Offering <input type="checkbox"/> Stained Glass Window			
<input type="checkbox"/> Pledge Payments\Financial contribution <input type="checkbox"/> Memorials			
Comments: _____			
*Please choose two dates for Semi-Monthly gifts. Please note the total gift amount specified will be debited on each date selected.			

PAYMENT INFORMATION	<input type="checkbox"/> Enclosed is a voided check. 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 checking or credit card account.
	Credit Card Number _____ Expiration Date ____ / ____
	I understand my future gifts 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.stjamesla.org or by contacting the church by phone or mail. All gifts provided to St. James Episcopal Church comply with U.S. law.
Signature (Required) _____ Date _____	

Please make a copy of this form for your records, or you may also request a copy from:
St. James Episcopal Church
1620 Murray Street, Alexandria, LA 71301
(318) 445-9845 • www.stjamesla.org