



“But since you excel in everything – see that you also excel in this grace of giving.” - 2 Corinthians 8:7

E-Giving Program – Electronic Tithes and Offerings

With your help, we can engage, equip, and empower people to love God passionately, love each other powerfully, and impact the world purposefully.

You may make donations directly from your checking account or from a credit or debit card. If you use a credit card, please be sure you will be able to pay off the monthly balance. As a participant of the program, you are still free to make additional gifts directly at the church by check or cash as the Lord provides! You may increase, decrease, or suspend your giving at any time through the online donation form at www.lfmchurch.net or by contacting the church by phone or mail. All gifts provided to Linden Free Methodist Church comply with U.S. law.

CONTACT

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

____ Yes, please include me on your email distribution list.

GIFT INFORMATION

I'd like to make a: ☐ Donation ☐ Memorial Gift ☐ Honor Gift

In Memory/Honor of: _____

As a: ☐ One-Time Gift ☐ Weekly Gift ☐ Monthly Gift

On the: ☐ 1st of the month ☐ 15th of the month ☐ 25th of the month

Please apply my gift to: \$_____ General Fund (Storehouse) \$_____ Youth Fund

\$_____ Missions (missionary name in memo) _____

\$_____ Love Fund \$_____ Ladies Ministries \$_____ Men's Ministries \$_____ Camp

\$_____ Building Improvement \$_____ Facility Use \$_____ OCC shoebox donations \$_____ OCC-shipping cost

\$_____ Capital Improvement Pledge Drive

\$_____ Other (please specify) _____

Total Donation Amount \$_____ (required)

PAYMENT INFORMATION

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

****For One-Time Checking Account donations, please include a completed check with your donation form.**

☐ 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 processing costs to my donation to help offset the Processing Fees assessed to the church.

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 any time through the online donation form at www.lfmchurch.net or by contacting Linden Free Methodist Church by phone or mail. All donations provided to Linden Free Methodist Church comply with U.S. law.

For Office Use only
\$ _____ Processing Fee Amount (3% for Credit Card gifts or 0.5% for Checking Account gifts)
\$ _____ Total Gift Amount (Amount specified above + Processing Fee Amount)

Signature (Required) _____ Date _____

Please make a copy of this form for your records or you may request a copy from Linden Free Methodist Church.