

GIVING FORM



We, the people of First Presbyterian Church of Pottstown are "four generations of Christians seeking together to grow deeper in Christ to reach farther in love." Understanding that our offering is an outward sign of our inward gratitude and trust in God, we present our gifts for God's work in the world. Contributions may be made, either, on a recurring or a one-time basis and designated for either the General or one of the other funds.

Envelope Number: _____

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

____ I would like to make a Bi-Weekly Gift - (*processes every 14 days*)

To start on: ____/____/____ (mm/dd/yyyy)

OR

____ I would like to make a: ____ One-Time Gift ____ Monthly Gift* ____ Quarterly Gift* ____ Annual Gift*

Process my gift on the: ____ 5th of the month OR ____ 20th of the month

*Recurring Gift Start Date: ____/____/____ (mm/dd/yyyy)

Please make this a ____ Donation ____ Memorial Gift ____ Honor Gift

In Memory/Honor of: _____

Please apply my gift to:	\$ _____ General Fund	\$ _____ Capital Improvement Fund
\$ _____ Endowment	\$ _____ Memorial Fund	\$ _____ Work Camp Stock
\$ _____ Mission	\$ _____ Poinsettia Purchase	\$ _____ Easter Flowers
\$ _____ Deacon's Assistance	\$ _____ Mission Lenten Collection	\$ _____ Grateful Harvest
\$ _____ PerCapita	Total Gift Amount \$ _____ (<i>Minimum Amount \$5.00</i>)	

____ YES! Please add to my gift the Processing Fees (\$0.25 for ACH or 2.5% for credit cards) assessed to First Presbyterian Church of Pottstown

For Office Use only:	\$ _____ Processing Fee Amount (\$0.25 for ACH or 2.5% for credit cards)
	\$ _____ Total Gift Amount (<i>Amount specified above + Processing Fee Amount</i>)

Please transfer my gift from my:

____ Checking Account [*Please attach a voided check*]

- OR -

____ Savings Account [*Please attach a deposit slip or contact the church for an additional form*]

****If using a deposit slip, please verify the routing number listed is the ABA Routing Number for your bank.**

- OR -

____ Credit/Debit Card Account CC 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 at any time through the online donation form at www.fpcpottstown.org or by contacting First Presbyterian Church of Pottstown by phone or mail. All gifts provided to First Presbyterian Church of Pottstown comply with U.S. laws and regulations.

Signature _____ Date _____
(Required)

Please make a copy of this form for your records or you can request a copy from:

First Presbyterian Church of Pottstown

750 N. Evans Street • Pottstown, PA 19464 • (610) 326-0620 | www.fpcpottstown.org • fpooffice@fpcpottstown.org