



St. Luke Serbian Orthodox Church's E-Giving Program

When you participate in an E-Giving Program, your gift will be transferred conveniently from either your bank account or credit card account directly to St. Luke Serbian Orthodox Church. A record of each gift will appear on your statement.

Name(s) _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email _____

\$ _____ **Building Fund** as a ___ One-Time ___ Monthly ___ Semi-Monthly** ___ Quarterly ___ Semi-Annual ___ Annual Gift

Please choose the date you'd like your gift processed. Please choose two dates for Semi-Monthly gifts. Please note the total gift amount specified will be debited on each date selected.

___1st ___5th ___10th ___15th ___20th ___25th of the month

Donation Start Date: _____

\$ _____ **Capital Campaign** as a ___ One-Time ___ Monthly ___ Semi-Monthly** ___ Quarterly ___ Semi-Annual ___ Annual Gift

Please choose the date you'd like your gift processed. Please choose two dates for Semi-Monthly gifts. Please note the total gift amount specified will be debited on each date selected.

___1st ___5th ___10th ___15th ___20th ___25th of the month

Donation Start Date: _____

\$ _____ **General Operating Fund** as a ___ One-Time ___ Monthly ___ Semi-Monthly** ___ Quarterly ___ Semi-Annual ___ Annual Gift

Please choose the date you'd like your gift processed. Please choose two dates for Semi-Monthly gifts. Please note the total gift amount specified will be debited on each date selected.

___1st ___5th ___10th ___15th ___20th ___25th of the month

Donation Start Date: _____

\$ _____ **In Memory** as a ___ One-Time ___ Monthly ___ Semi-Monthly** ___ Quarterly ___ Semi-Annual ___ Annual Gift

Please choose the date you'd like your gift processed. Please choose two dates for Semi-Monthly gifts. Please note the total gift amount specified will be debited on each date selected.

___1st ___5th ___10th ___15th ___20th ___25th of the month

Donation Start Date: _____

\$ _____ **Mortgage Fund** as a ___ One-Time ___ Monthly ___ Semi-Monthly** ___ Quarterly ___ Semi-Annual ___ Annual Gift

Please choose the date you'd like your gift processed. Please choose two dates for Semi-Monthly gifts. Please note the total gift amount specified will be debited on each date selected.

___1st ___5th ___10th ___15th ___20th ___25th of the month

Donation Start Date: _____

Enclosed is a voided check OR my credit card information. Please transfer my gift from my bank account or credit card account. I understand that my recurring future gifts will be transferred directly from my account. I understand that I may increase, decrease, or suspend my gift any time online at www.svluka.org or by contacting the church by phone or mail. All gifts provided to St. Luke Serbian Orthodox Church as ACH transactions comply with U.S. law.



Credit Card Number _____

Expiration Date ____/____

Signature _____ (Required) Date _____

Please make a copy of this form for your records or you may request a copy from St. Luke Serbian Orthodox Church

St. Luke Serbian Orthodox Church
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