

## E-Giving Program – Electronic Tithes and Offerings



**ElmCreek**  
Community Church

Welcome to ElmCreek Community Church's E-Giving program. Thanks, in advance, for your support of our ministries and missions. If you have any questions regarding E-Giving, please contact the office at (763) 425-4575 or [office@elmcreekchurch.org](mailto:office@elmcreekchurch.org), or any of the servant leadership team.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_ Yes, I wish to receive the weekly newsletter.

I'd like to make a \_\_\_\_\_ Monthly Gift \_\_\_\_\_ Semi-Monthly Gift\*\* \_\_\_\_\_ One-Time Gift

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

\_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 20<sup>th</sup> \_\_\_\_\_ 25<sup>th</sup> of the month

Start Date: (optional) \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) End Date: (optional) \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Please apply my gift to: (*minimum total donation amount = \$10*)

\$ \_\_\_\_\_ General Fund      \$ \_\_\_\_\_ Benevolence      \$ \_\_\_\_\_ Building Fund

\$ \_\_\_\_\_ Furnace      \$ \_\_\_\_\_ Missions      \$ \_\_\_\_\_ Pastor Appreciation

\$ \_\_\_\_\_ VBS      \$ \_\_\_\_\_ Youth Missions      \$ \_\_\_\_\_ YWAM Missions

\$ \_\_\_\_\_ **Total Donation Amount (required)**


\_\_\_\_ **YES! Please add to my donation the Processing Fees (\$0.25 for ACH or 3% for credit cards) assessed to the church.**

<i>For Office Use only:</i>	\$ _____ <b>Processing Fee Amount</b> (\$0.25 for ACH gifts or 3% for Credit Card gifts)
	\$ _____ <b>Total Gift Amount</b> ( <i>Amount specified above + Processing Fee Amount</i> )

\_\_\_\_ Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

OR

\_\_\_\_ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

 Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

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.elmcreekchurch.org](http://www.elmcreekchurch.org) or by contacting ElmCreek Community Church by phone or mail. All donations provided to ElmCreek Community Church originating as ACH transactions comply with U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

**Please make a copy of this form for your records or you can request a copy from  
ElmCreek Community Church.**