



E-Giving Program – Electronic Tithes and Offerings

Name(s) \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Telephone \_\_\_\_\_ Email \_\_\_\_\_

I would like to make a: \_\_\_ Weekly Gift - (processes every 7 days) \_\_\_ Bi-Weekly Gift - (processes every 14 days)
To start on: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

OR
I would like to make a: \_\_\_ One-Time \_\_\_ Monthly \_\_\_ Quarterly \_\_\_ Semi-Annual \_\_\_ Annual Gift
Process my gift on the: \_\_\_1st \_\_\_5th \_\_\_10th \_\_\_15th \_\_\_20th \_\_\_25th of the month

Please apply my gift to: \$ \_\_\_ General Fund \$ \_\_\_ AWANA \$ \_\_\_ Benevolence
\$ \_\_\_ Ladies' Missionary Fellowship \$ \_\_\_ Sunday School
\$ \_\_\_ Special Offering - please designate: \_\_\_\_\_

Yes! I wish 100% of my gift amount to go to Slater Baptist Church. I would like to pay the \$0.25 processing fee costs associated with my gift.

Total Gift Amount \$ \_\_\_\_\_ (Gift Amount stated above + \$0.25 Processing fee, if applicable)

Please transfer my donation 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.

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 at any time through the online donation form at www.slaterbaptistchurch.org or by contacting Slater Baptist Church by phone or mail. All donations provided to Slater Baptist 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 Slater Baptist Church.