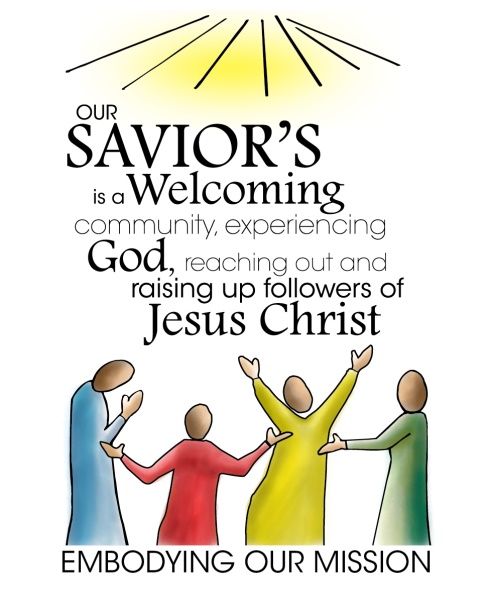
**Page 2**

**2019 eLECTRONIC dONATION fORM**

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\\OSLC01\OSLC Documents\Church Logo\logo\print\long_full_color.png** | | | | | | | | | |  | | | | | |
| **FOR OFFICE USE ONLY:** | | | | **ENVELOPE/DONOR #:** | | | | | **DATE:** | | | | |
| **Effective date of authorization:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | |
| **Type of authorization:** | | * New authorization | | | * Change donation amount | | | | | | * Change donation date | | |
|  | | * Change banking information | | | * Discontinue electronic donation | | | | | |  | | |
| Last Name | | | | | | First Name | | | | | | | |
| Address | | | | | | | | | | | | | |
| City | | | | | | | | | | State | | | Zip |
| Email Address | | | | | | | | | | | | | |
| **DATE OF FIRST DONATION:**  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | | **FREQUENCY OF DONATION:**   * Weekly – Mondays * Monthly on the 1st * Monthly on the 15th | | | | **FUNDS:**   * General/Operating * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Total** | | | | | **AMOUNTS:**  $\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_  **$\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **CHECKING / SAVINGS** | Please debit my donation from my (check one):   * Savings Account (contact your financial institution for Routing #) * Checking Account (attach a voided check below)   I want to continue to receive offering envelopes.  Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ | | | | | | | Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Valid Routing # must start with 0, 1, 2, or 3*Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ chk_inf1 | | | | | |
| I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

***If using a checking account, please attach a voided check here.***



**Annual Pledge Form**

**2019 PLANNED DONATIONS**

*Yes! I/We want to make a difference in people’s lives. I/We are hopeful and energized about the projects and ministry happening here at Our Savior’s. I/We gratefully thank God for the opportunities ahead. And I/We will help discover God’s future by pledging our support.*

*-----------------------------------------------------------------------------------------------------*



I/We plan to offer $\_\_\_\_\_\_\_\_\_\_\_ per week / month / year (circle one) to further God’s work through the congregation during calendar year 2019.

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We encourage electronic donations.**

**If using ACH for your offering, please complete other side.**