



**2021 Operating Budget  
Commitment Card**  
(Jan. 1 – Dec. 31, 2021)

Name \_\_\_\_\_  
(Print all names pledging)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

In gratitude for the gifts of God and to support the work of Christ Church in the coming year, I/we estimate that I/we will give:

\$ \_\_\_\_\_ per week

\$ \_\_\_\_\_ per month

\$ \_\_\_\_\_ per year

Please direct my support to:

- General Fund
- Vern Reed Memorial Fund

I understand that this giving estimate can be raised or lowered at any times by notifying the church office.

Check here if using EFT (Fill out reverse)

Return this card to the church by Monday, Nov. 30, 2020.

**ELECTRONIC FUND TRANSFER  
AUTHORIZATION FORM**  
Christ Church United Methodist

**FREQUENCY OF DONATION**

- Weekly – Mondays \$ \_\_\_\_\_
- Semi-Monthly 1<sup>st</sup> & 15th \$ \_\_\_\_\_
- Monthly on the 1st \$ \_\_\_\_\_
- Monthly on the 15th \$ \_\_\_\_\_

Date of First Donation \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHECKING/SAVINGS**

Please debit my donation from my (check one)

- Checking Account (attach voided check)
- Savings Account  
(contact financial institution for routing number)

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

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.

Signature \_\_\_\_\_

Date of Authorization \_\_\_\_/\_\_\_\_/\_\_\_\_

We invite you to increase your pledge by a minimum of \$10 per year to offset the cost of providing EFT service.

**OFFICE USE ONLY** Envelope Donor# \_\_\_\_\_

- New authorization
- Change donation date
- Change donation amount
- Change banking information
- Discontinue donation