## Wesley United Methodist Church 2024 Pledge



With Gratitude for God's constant and abundant love, grace, and mercy, and as an expression of my Christian stewardship, I will support the ministry and mission of Jesus Christ and this congregation through:

My/Our regular prayers for this ministry	
My/Our participation in Worship	
My/Our faithful response to God's Call in	my life
My/Our financial offering of \$ p	per week / month / year (circle one)
My/Our additional commitment to Confe	rence Mission Shares of
\$	per week / month / year (circle one)
I understand that I may adjust this estimate	of giving at any time by contacting the Financial Secretary.
willing to support a special project. I understa	in my life and my personal dreams for this Church, I would be and that my personal preference is my own and am glad to restrictions. Therefore, I would also commit to a one-time ving projects.
Please consider my preference, ranked $1-3$ , f	for the use of my special gift.
Community Outreach (local Missions) Saylesville Fire and First Responders Rehab of bathrooms or kitchen Trustees discretion	\$100 donation \$500 donation \$15000 estimated cost
Date	
Name	
Address	
Phone E	mail

Electronic Funds Transfer is a convenient method of ensuring your pledge is honored and provides a consistent, predictable monthly income for the Church. If interested, a sign-up form is on the reverse, or you can securely self-register recurring donations to the general fund using the link provided at <a href="https://secure.myvanco.com/L-YSFZ/home">https://secure.myvanco.com/L-YSFZ/home</a>. You can also update existing pledges at this same site. Questions or assistance? Contact Dan at <a href="mailto:dangenannt@comcast.net">dangenannt@comcast.net</a>. This form can be placed in the offering plate or mailed to the office at 55 Woodland Street, Lincoln, RI 02865.

## **AUTHORIZATION FORM**

Name of the organization:

## **Wesley United Methodist Church**



Effo				DATE		
	Effective date of authorization:/  Type of authorization: New authorization Change donation amount Change donation date Discontinue electronic donation					
Last	t Name		First Name	irst Name		
Address						
City				State Zip		
Email Address						
DATE	E OF FIRST DONATION:	FREQUENCY OF DONATION:  ☐ Weekly – Friday ☐ Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> ☐ Monthly on the 1 <sup>st</sup> ☐ Monthly on the 15 <sup>th</sup>	FUNDS: General/Operatin Missions	\$		
ANNUAL CONTRIBUTIONS  Easter offering \$ Date to be transferred/ Thanksgiving offering \$ Date to be transferred/ Christmas offering \$ Date to be transferred/						
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)		Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:			
CHECKIN	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:					

If using a checking account, please attach a voided check at the bottom of this page.

Online Registration is at <a href="https://secure.myvanco.com/L-YSFZ/home">https://secure.myvanco.com/L-YSFZ/home</a>, or use your phone camera to scan this code:

Debit or credit cards can also be used at this site.

