



Leave your checkbook at home. Give electronically instead!

"Are you considering e-Giving? I say - Why not! Give it a shot! It's very easy to do and I can stop or change my giving anytime I want. After a lifetime of writing the weekly check, I decided to give to Aldersgate the same way I pay my bills - online. I find it's safe and secure. Email me if you need some reassurance! I'm in Aldersgate's online directory."
- Joe (and Madeline) Lee

We would love for you to get started! Please complete the authorization form on the other side. Or visit our website and click "Financial Offerings."

AUTHORIZATION FORM	
Name(s): _____	
Address: _____	
City, State, Zip: _____	
Email: _____	
Phone #: _____	
I would like to make the following contribution(s):	
<input type="checkbox"/> Annual Operating Budget	\$ _____
<input type="checkbox"/> Capital Campaign	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Other _____	\$ _____
Total	\$ _____
Date of first contribution: ___/___/___	
Frequency of contribution (check one):	
<input type="checkbox"/> Weekly	
<input type="checkbox"/> Monthly	
<input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> Quarterly	
CHECKING / SAVINGS Complete this section if using your checking or savings account	
Please debit my (check one):	
<input type="checkbox"/> Checking account—attach voided check <input type="checkbox"/> Savings account—attach voided deposit slip	
Routing #: _____	Account #: _____
Valid routing # must start with 0,1,2 or 3	
I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	
CREDIT / DEBIT CARD Complete this section if using your credit or debit card	
Please charge my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card #: _____	Expiration Date: _____
Name on card: _____	
Billing Address (if different from above): _____	
I authorize the above organization to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	