FISCAL YEAR 2020-21 ANNUAL FUND ESTIMATE OF GIVING

Your generous gift supports our ongoing ministries, programs, and the work of Christ’s church in our community and our world. Thank you for your generosity and for all that you do to support and participate in our mission and ministry at FCCGE.

Name(s): __________________________

In FY 2018-19, I/we contributed: $_________________

In gratitude for God’s blessings, my annual estimate of giving to financially support the work of First Congregational Church in FY 2020-21 (July 1, 2020—June 30, 2021) is: $_________________.

My estimated gift will be paid in the following manner:

☐ in one payment, or
☐ monthly, or
☐ quarterly, or
other: $_________________

Phone: (____) ________________

Email: ____________________________

Please provide the information above, and sign below.

________________________________________________________________________________

Comments:

Please see other side of page for automatic payment options. If you prefer, you may enter your 2020-2021 gift information online at https://fccge.org/give.
AUTOMATIC PAYMENT OPTIONS

You may choose to authorize the church to automatically withdraw money from your checking/savings account each month or charge to your credit card. You may change or cancel this service at any time by calling the church office at 630-469-3096 ext. 10. Please notify the church of any changes before the first of the month.

NOTE: AUTOMATIC PAYMENTS WILL RENEW EVERY FISCAL YEAR, UNLESS YOU CONTACT THE CHURCH OFFICE AND REQUEST THAT THEY BE ADJUSTED OR DISCONTINUED.

IF YOU WOULD LIKE FUNDS TO BE WITHDRAWN FROM YOUR BANK ACCOUNT:

Type of account:  ☐ checking  ☐ savings
Bank Name
_______________________________________________________________
Routing Number
_______________________________________________________________
Account Number
_______________________________________________________________
Name as it appears on your account:  _________________________________________________

(ENCLOSE A VOIDED CHECK FROM YOUR ACCOUNT)

OR IF YOU PREFER TO MAKE A CREDIT CARD TRANSFER:

☐ VISA   ☐ MasterCard  ☐ Discover  ☐ American Express
Account Number
_______________________________________________________________
Expiration date
_______________________________________________________________
Name as it appears on your credit card:  _________________________________________________

Current Users:  ☐ Same information as last fiscal year.

SIGN BELOW:

__________________________________________________  ________________
Signature Date