



2020 Financial Commitment Card

**I/we will support the ministry
of Advent United Methodist Church**

*Please consider increasing
your estimate of giving to ensure
Advent UMC remains a vital congregation.*

I/we are increasing our giving for 2020 by:

5% 3% Other _____

Every: Week (\$_____ per week)
 Month (\$_____ per month)
 Year

By Way of: Cash, check or bill pay
 EFT (see right)
 Stock gift \$ _____.

I would like to receive numbered envelopes
for my giving.

Please print name: _____

Signature(s): _____

Phone Number: _____

Email: _____

Electronic Funds Transfer Authorization

Please indicate the frequency and amount of the automatic withdrawal:

Monthly on the 1st of the month: \$_____ ; Monthly on the 15th of the month: \$ _____
 Semi monthly: 1st AND 15th of the month: \$_____ \$_____

_____ Use 2019 bank account information currently on file; **or**

_____ **Attach a voided check or savings deposit slip** for the account from which withdrawals will be made. Withdrawals will begin January 2020 unless otherwise specified.

I authorize Advent United Methodist Church and Vanco Services 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.

Authorizing Signature: _____ **Date:** _____