

Lynnhaven United Methodist Church

1. AMOUNT OF MY GIFT:

\$ _____ General
\$ _____ Other
\$ _____ Total

2. SELECT FREQUENCY OF GIFT:

- Once Weekly-Mondays Monthly on the 1st
- Twice per month (1st & 15th)

DATE OF FIRST DONATION: ____/____/____

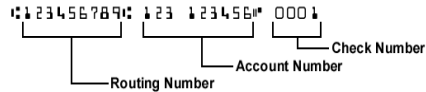
Recurring gifts will continue as indicated until you notify Lynnhaven UMC office in writing to change or cancel your recurring gift.

3. HOW WOULD YOU LIKE TO GIVE?

Please debit my donation from my (check one):

Savings Account
Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3
Account Number: _____

Checking Account
Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3
Account Number: _____



I prefer to give or automate via credit card/debit card:
Account Number: _____
Exp. Date: _____

Complete information below ↓

NAME: _____
EMAIL: _____
STREET ADDRESS: _____ **APT.:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
BEST PHONE: (____) _____

I authorize Lynnhaven United Methodist Church to process debit entries to my account. I understand that this authority will continue as indicated until I notify Lynnhaven UMC office in writing to change or cancel the authorization.

Authorization Signature: _____ **Date:** _____

