

2025 STEWARDSHIP COMMITMENT FORM

Name: _____

Home Phone # _____

Address: _____

Cell Phone # _____

If you have an e-mail address and are NOT receiving e-mails from Peace Church, please print below.

My e-mail address is: _____

Please fill out this form to begin your e-giving commitment for the 2025 year.

I would like to make my contribution from my ☐ Checking Account or ☐ Savings Account (please circle one)

2025 contribution: **(please circle either weekly, bi-weekly or monthly and fill in the dollar amount)**

Weekly (52 payments) \$ _____; Bi-Weekly (26 payments) \$ _____; Monthly (12 payments) \$ _____

2025 YEAR

My General Fund contribution for the year	\$
*Initial Offering (helps with e-giving costs of \$.25 per transaction) \$3.00 a year if you give monthly; \$6.50 a year if you give bi-weekly; \$13.00 a year if you give weekly	\$
Ash Wednesday contribution to Peace UCC (March 5th)	\$
One Great Hour of Sharing collection (March 30th)	\$
Maundy Thursday contribution to Peace UCC (April 17th)	\$
Easter Sunday contribution to Peace UCC (April 20th)	\$
Strengthen the Church collection (June 8th)	\$
Neighbors in Need collection (October 5th)	\$
Thanksgiving contribution to Peace UCC (November 27th)	\$
Wisconsin Conference Christmas Fund collection (December 7th)	\$
Christmas Donation to Peace UCC (December 24 th)	\$

*Note: If you are contributing towards the Initial Offering, the amount you list will be distributed evenly throughout the year; (\$.25 per transaction).

AGREEMENT

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: _____

Date: _____

Frequency of E-Giving Donation:

- ☐ Weekly on Mondays *
- ☐ Bi-Weekly *
- ☐ Monthly – 5th of the Month *

*PLEASE FILL OUT THE E-GIVING AUTHORIZATION CARD BELOW

E-GIVING AUTHORIZATION CARD
PEACE UNITED CHURCH OF CHRIST – BRILLION, WI

Effective date of authorization: _____

Type of Authorization Form:

- ☐ New Authorization ☐ Change Banking Information
- ☐ Change donation amount ☐ Discontinue electronic donation
- ☐ Change donation date

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

DATE OF FIRST DONATION:

____/____/____

FREQUENCY OF DONATION (check only one)

- ☐ Weekly – Mondays
- ☐ Bi-Weekly – Mondays
- ☐ Monthly on the 5th

DONATION AMOUNT

\$ _____

Please debit my donation from my (check one):

☐ Savings Account (contact your financial institution for Routing #)

Routing Number: _____

(Valid Routing # must start with 0, 1, 2 or 3)

☐ Checking Account (attach a voided check to this form)

The first set of numbers on the bottom of your check

Account Number: _____

The middle set of numbers on the bottom of your check)

AGREEMENT

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: _____ Date: _____