

Year round stewardship



Electronic Giving is a convenient, consistent way to help our church year round.

Consider scheduling a recurring electronic contribution today. It's easy! You will no longer need to write out checks and prepare envelopes every week. Even when travel, illness or other circumstances prevent you from attending services, your electronic contributions will continue to be received on an uninterrupted basis.

Get started today! Ask for an authorization form in the church office. Or visit our church website.



Give Online. It's Easy!

- Set up and manage recurring donations
- Make one-time contributions
- View your online giving history

Get started today!

- 1) Visit www.caldwellpresby.org and click on the image like the one to the right, *OR*
- 2) Complete the Authorization Form on the reverse and return with your pledge card.

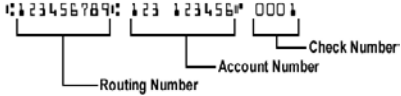


If you already use online giving, *PLEASE* complete a 2018 pledge card!

THANK YOU!

AUTHORIZATION FORM

Name of the organization: CALDWELL PRESBYTERIAN CHURCH

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Other _____ \$ _____
		AMOUNTS: <div style="text-align: right;"> Total from above \$ _____ </div> <input type="checkbox"/> Optional (card donations only): x 2.75% Add an additional 2.75% to defray card processing fees
		Grand total \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	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: _____
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above organization to process transactions in accordance with the information above.	
Signature (as it appears on the card): _____		Date: _____

If using a checking account, please attach a voided check over the credit/debit card section above.