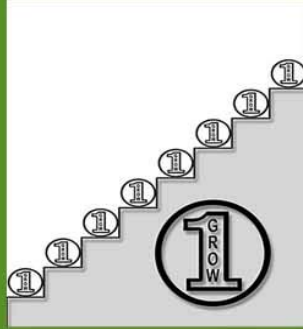


PRAYER

HOPE

Where is God calling the UMC of Chugiak in 2015?



Where is God calling YOU in 2015?

ANTICIPATION

FAITH

United Methodist Church of Chugiak

PO Box 670909
Chugiak, AK 99577

16430 Old Glenn Highway
Chugiak, AK 99567

907-696-2353
www.umcchugiak.org

Estimate of Giving—2015

My/Our Estimate of Giving for 2015 to the United Methodist Church of Chugiak is

_____ per week.

Signature

Print Name

Note: If you would like to use "Simply Giving" for automatic giving from your bank account or credit card, please fill out the form on the back of this card. (If you are already participating in electronic giving you do not need to complete the form again.)

Simply Giving

You may give to the UMC of Chugiak automatically and electronically with the Simply Giving program. Please fill out the form below and return it at any time to the church office, drop it in the Sunday offering plate, or mail it to UMCC, PO Box 670909, Chugiak, AK 99567. Your Simply Giving may be started or stopped at any time—just notify the Financial Secretary at financialsecretary@umcchugiak.org. If you have further questions, please contact the Financial Secretary.

AUTHORIZATION FORM

The **Simply Giving** Program
endorsed by
 **Thrivent Financial Bank**

FOR OFFICE USE ONLY	DONOR #: _____	DATE: _____
Name of the organization: _____		
Last Name		First Name
Address		
City	State	Zip
Email Address		
DONATION:		
Date of first donation: ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____
Date of last donation (optional): ____/____/____		
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> 123456789 123 123456 0001 Routing Number Account Number Check Number </small>
	I authorize the above organization and Vanco Services, LLC 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 CARD	Please charge my donations to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

Please staple voided check over credit card section above if using checking account.