

# ROXBURY CONGREGATIONAL CHURCH, UCC

## Estimate of Giving for 2009

Each year we ask you to estimate your giving to support the ministries of your church. Your giving, combined with others will help guide the Trustees as they budget support for the programs and ministry of our congregation, here in Roxbury and around the world.

Return this card, to the church, by November 16, 2008.

As grateful stewards of all that God has given me/us,

**I/we estimate our giving in 2009 to be: \$\_\_\_\_\_ total**

to support the work and mission of Roxbury Congregational Church.  
*(Contributions are tax-deductible)*

I (we) will be giving  weekly  monthly  quarterly  one-time

Signature: \_\_\_\_\_

Printed Name(s) \_\_\_\_\_

I/We would like to receive weekly offering envelopes.

I/We would like to arrange for electronic funds transfers from my/our checking account (preferred) or credit card.  
(Please use the reverse of this form for this.)

I/We intend to fulfill our giving by transferring appreciated securities to Roxbury Congregational Church (Please call the church for transfer instructions.)


I/We enclose a check payable to: Roxbury Congregational Church

I have included Roxbury Congregational Church in my estate plan.

Please contact me about the planned giving program at Roxbury Church)

Thank you, in advance, for your generosity.  
Each gift strengthens the body of Christ, the givers and receivers alike.

24 Church Street ~ Roxbury, CT 06783 860-355-1978  
www.roxburychurch.org ~ office@roxburychurch.org

<b>Roxbury Congregational Church</b> <i>(Checking/Savings debits preferred)</i>	<b>Authorization Form</b>	
UCC082020		

<b>FOR OFFICE USE ONLY</b>	<b>DONOR #</b>	<b>DATE</b>
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Effective date of authorization: \_\_\_\_\_

Type of Authorization Form:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking/credit card information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

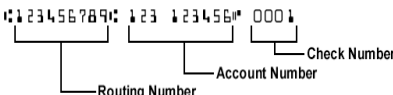
City	State	Zip
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<b>Date of first donation:</b> ____/____/____	<b>Frequency of donation:</b> (please check only one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Weekly – Mondays</li> <li><input type="checkbox"/> Semi-Monthly – 1<sup>st</sup> and 15<sup>th</sup></li> <li><input type="checkbox"/> Monthly on the 1<sup>st</sup></li> <li><input type="checkbox"/> Monthly on the 15<sup>th</sup></li> </ul>	<b>Church fund designations and amounts:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Operating (pledge) \$ _____</li> </ul>
<b>Date of last donation (optional):</b> ____/____/____		<b>Total \$ _____</b>

**Special Instructions:** \_\_\_\_\_

<b>CREDIT CARD</b>	Please charge my donation 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 church and Vanco Services, LLC to charge my credit card for StillspeakingMoney® in accordance with the information above.					
	Signature (as it appears on the credit card): _____ Date: _____					

<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one):	Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	<b>Valid Routing # must start with 0, 1, 2, or 3</b>
	<input type="checkbox"/> Checking Account (attach a voided check)	Account Number: _____



⑆ 23456789 ⑆ 23 23456 000 ⑆  
 |-----|-----|-----|  
 Routing Number      Account Number      Check Number

I authorize the above church and Vanco Services, LLC to process debit entries to my account for StillspeakingMoney®. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_