
Name

Telephone

Address

City

E-mail Address

State/Zip

My 2018 Estimate of Giving to support the ministries of Church of the Shepherd is: \$ _____

To be paid: Weekly Semi-Monthly Monthly As follows: \$ _____
for 53 weeks for 24 periods for 12 months

This Represents a Growth in My Giving over 2017 *Electronic Funds Transfer (EFT) options on reverse of this card

Please place this card in the offering basket or return to the Guest Services desk

Electronic Funds Transfer Authorization

Please indicate the frequency of electronic funds transfer. EFT withdrawals will begin on the 1st of the month following receipt of this card, and will continue until the office is notified that you want to change or cancel your contribution.

Note: All withdrawals will be on the indicated day unless it is a non-banking business day in which the withdrawal will take place on the next banking day.

- Weekly - Mondays
 Semi-Monthly - 2nd & 4th Mondays of each month
 Monthly - 2nd Monday of each month

- I am already using EFT, please continue OR
 If starting EFT, attach a voided check for the account from which withdrawals will be made

Signature: _____