

First Congregational United Church of Christ – River Falls 2024 Intention of Giving

NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP CODE:	
For 2024, I/We intend to give: Monthly \$, or Weekly \$	
For an annual total of \$		D
Payments may be made in cash, check, electronic	or via our church app.	
I/We understand this intention can be changed an financial secretary.	ytime by giving notice to the church treasurer o	r
☐ I/We would like to use E-Giving (Electronic Funreturn to the church office or contact the church o	•	d
☐ I/We currently use E-Giving. Please continue to amount reflected above.	o use the current account information using the	

Please consider a "proportional" gift for 2024 that matches your standard of living.

Turn this form in on Sunday, November 12, or drop it off in the church office.

Authorization for Electronic Payment to First Congregational United Church of Christ – River Falls, WI 110 North Third Street, River Falls, WI 54022

Name (please print)			
Address (please print)			
Phone Number			
Checking Account Number			
Or Savings Account Number			
Financial Institution Name			
Financial Institution Routing Nu	mber		
	Please attach a voi	ided check	
I authorize First Congregationa checking/savings account on the authorization to support First Collimater I must notify the church at least	e 15th of each month ar ongregational United Ch	nd agree to the terms listed ourch of Christ. If I wish to ca	on this ancel this debit,
(If the 15th is on a weekend or the 15th.)	holiday, the payment wil	I be transferred the business	day following
Please circle which fund:	GENERAL FUND	BUILDING FUND	
Monthly Payment Amount \$			
Starting Date	Month	Year	
Signature			