



FIRST
CONGREGATIONAL
CHURCH, UCC
RIVER FALLS

First Congregational United Church of Christ – River Falls 2025 Intention of Giving

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

For 2025, I/We intend to give: Monthly \$ _____, or Weekly \$ _____

For an annual total of \$ _____



Payments may be made in cash, check, electronic or via our church app.

I/We understand this intention can be changed anytime by giving notice to the church treasurer or financial secretary.

I/We would like to use E-Giving (Electronic Funds Transfer). Please use the form on the back and return to the church office or contact the church office for more information about this option.

I/We currently use E-Giving. Please continue to use the current account information using the amount reflected above.

***Please consider a “proportional” gift for 2025 that matches your standard of living.
Turn this form in on Sunday, November 17, 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 Number _____

Please attach a voided check

I authorize First Congregational United Church of Christ to initiate electronic payments from my checking/savings account on the 15th of each month and agree to the terms listed on this authorization to support First Congregational United Church of Christ. If I wish to cancel this debit, I must notify the church at least 3 business days before the debit is to be deducted from my account.

(If the 15th is on a weekend or holiday, the payment will be transferred the business day following the 15th.)

Monthly Payment Amount \$ _____

Starting Date _____
Month Year

Signature _____