

# 2024 Intentional Giving Card



Please print:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

\_\_\_\_\_ Please note: The information above reflects a change in my contact information.

\_\_\_\_\_ I am/We are committed to tithing.

\_\_\_\_\_ I am/We are stepping up our giving.

**I/We intend to give the following in calendar year 2024:**

§ \_\_\_\_\_ weekly, or  
§ \_\_\_\_\_ twice (2x) monthly, or  
§ \_\_\_\_\_ monthly, or  
§ \_\_\_\_\_ yearly (one-time gift), or  
§ \_\_\_\_\_ other, please describe: \_\_\_\_\_

If choosing to give via Electronic Funds Transfer, the most hassle-free and economic way to automate your giving, please complete the information below.

### Electronic Funds Transfer Authorization

Please indicate the frequency of electronic funds transfer. New EFT withdrawals in the amount above will begin upon receipt in 2024 and continue until you notify the church otherwise.

\_\_\_\_\_ The 15th of each month

\_\_\_\_\_ The last day of each month

\_\_\_\_\_ Both the 15th AND the last day of each month

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

\_\_\_\_\_ Use bank account information currently on file

OR

\_\_\_\_\_ I have attached a voided check for the account from which withdrawals will be made.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please return your Intentional Giving Card to the church in person or by mail to:

PWUMC, ATTN: Misty Wilkinson  
7310 N.W. Prairie View Road, Platte Woods, MO 64151