

Increasingly, friends of PATHWAYS CHURCH have asked how they can give to the ministry without writing a check each month. That's why PATHWAYS CHURCH has created the *Automatic Giving Plan*, a monthly support plan using either your bank account or your credit/debit card. You will receive a quarterly and end of year tax receipt from Pathways as well as a record of your gift on your bank statement or your credit card statement.

To begin the *Automatic Giving Plan*, simply complete the lower portion of this form. **If giving through your bank account, you need to include a voided blank check.** Please mail to Pathways Church, 311 W. Evergreen Dr., Appleton, WI 54913.

You can make changes at any time by contacting us in writing at Pathways Church, 311 W. Evergreen Dr., Appleton, WI 54913.

If you have any questions, please contact Anna Harrington at 920-735-0422.

ENROLLMENT FORM—Please Choose One

BANK ACCOUNT

_____ Yes! I want to enroll in the *Automatic Giving Plan*. My blank voided check is attached. I authorize my bank to transfer to PATHWAYS CHURCH each month the amount shown below.

Bank Name _____

Routing # (9 digits) _____

Account # _____

Please transfer my gift:

- Weekly (every week on Monday)
- Monthly __1st __2nd __3rd or __4th Monday of each month.
- Twice a month (15th and 30th)
- Other _____
- Beginning on _____ (month).

Please use my contribution for PATHWAYS CHURCH as designated below.

Tithes/Offerings	\$ _____
Missions	\$ _____
Capital Campaign	\$ _____
Other	\$ _____
Monthly total	\$ _____

CREDIT/DEBIT CARD

_____ Yes! I want to enroll in the *Automatic Giving Plan*. I authorize PATHWAYS CHURCH to charge my credit card each month the amount shown below.

___ *VISA* ___ *MasterCard* ___ *Discover* ___ *AMEX*

Card # _____

Expiration Date: ____ - ____

Security code (on back of card) ____

Security code for AMEX (on front of card) ____

Please charge my card:

- Weekly (every week on Monday)
- Monthly __1st __2nd __3rd or __4th Monday of each month.
- Twice a month (15th and 30th)
- Other _____
- Beginning on _____ (month).

Name _____

Address _____

City, State, Zip _____

Phone () _____

Date _____

Signature _____

***Mail to: Pathways Church, 311 W. Evergreen Dr.,
Appleton, WI 54913***

Terms of agreement: My *Automatic Giving Plan* enrollment shall remain in effect until I notify PATHWAYS CHURCH in writing that I wish to end this agreement, which I may do at any time. I will be receipted by PATHWAYS CHURCH for tax purposes. Please initial that you have read the terms of this agreement. _____(initial)