

GENERAL OPERATING FUND (STEWARDSHIP)

Name (Please Print) _____

Address _____

Email _____

Phone _____ Envelope# _____

Yes! I/We will support Trinity UMC in 2019!

\$_____ My (Our) TOTAL Annual Gift for the *General Operating Fund*.

Please indicate amount and frequency:

\$_____ WEEKLY for 52 weeks

\$_____ MONTHLY for 12 months

\$_____ As Follows _____

Signature _____

—

Date _____

I/We would like information on how to include Trinity UMC in my/our will.

(RECOMMENDED)

Electronic Funds Transfer Authorization

____ Please indicate the frequency of the automatic draft.

____ Weekly | Withdrawn on Monday each week

____ Monthly | Withdrawn first Monday of each month

____ Monthly | Withdrawn third Monday of each month

Trinity is authorized to use my last years' account information currently on file.

OR

____ **Please contact me directly for my Financial Institution information/Attach Voided Check**

