

800 Stevenson Drive · Springfield, Illinois 62703 · (217) 529-1606

E-Giving Paper Enrollment Form

Welcome to E-Giving at Little Flower! Below, you can sign up for an electronic funds transfer (EFT) of your contributions (direct debit from checking or savings).

As a participant of the program, you are still free to make additional contributions by check or cash. Please continue to place an additional offering in the weekly collection basket for the various Diocesan collections.

A record of each contribution will appear on your monthly bank statement. In addition, we will continue to record and report to you all of your giving, regardless of the method, on the giving statements the church provides.

This page should only be used to initiate a new recurring contribution. Please do not use this form to update or cancel an existing recurring contribution. To make changes to an existing recurring contribution, contact Anita at 217-529-1606 or e-mail us at <u>accounts.lfc@comcast.net</u>.

	Name(s)					
CT	Address				Country	
IA	City				State	Zip Code
CONTACT	Telephone () Email				
0		For Church Office use: Church Envelope #				
	Please process my gift: Please process my gift on the:				Discourse and the first of the	
INFORMATION	Please process my gif				Please process my first gift:	
	Monthly		1st	15th		//
	Twice a Month		5th	20th		(mm/dd/yyyy)
	One-time		10 th	25th		
NFO	Please select how you want to designate your gift:					
GIFT I	☐ Tithe ☐ 20	21-2024 Capital Campaign		Memorial Gift	\$	Gift Amount
ن	If Memorial Gift, please list name(s) of deceased:					

Enclosed is a voided check for my gift. Please transfer my gift from my checking or savings account as specified above.

I understand my future gifts will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at <u>http://www.littleflowerchurch.net/</u> or by contacting the church by phone or mail. All gifts provided to Church of the Little Flower comply with U.S. law.

Signature (Required) _____

PAYMENT INFORMATION

_ Date _____

-----**ATTACH VOIDED CHECK**------

No goods or services have been provided in whole or partial consideration for the above contribution. Please make a copy of this form for your records or you may request a copy by contacting the Church Office at (217) 529-1606.