

Mr. and Mrs. Cheerful Giver
1542 Your Street
Escondido, CA 90220

No. 944

1/9, 2003

\$

Attach a VOID check here
Pay To The Order of



Your Bank



Emmanuel Faith Community Church
639 East Felicita Avenue
Escondido, CA 92025
Ph: (760) 745-2541 / Fax: (760) 745-0464
www.efcc.org

Thank You

for your continued financial support to
Emmanuel Faith Community Church

through our

Automated Church
Giving Program.

Give to
Emmanuel Faith
Community Church

The Easy Way

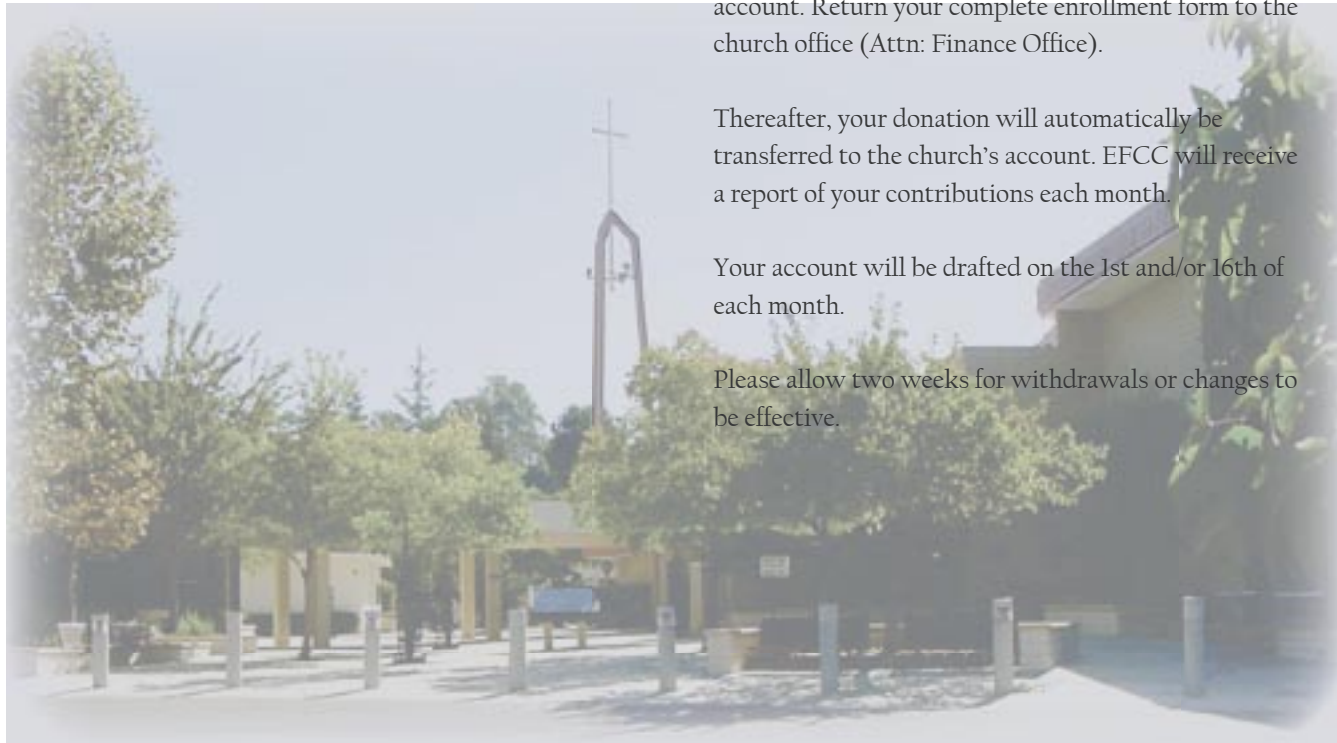
Through Our
Automated Church
Giving Program

Convenient...
Reliable...
Cost Effective



A convenient and cost-effective way to make donations to Emmanuel Faith Community Church.

The EFCC Automated Church Giving Program



Now you can have monthly gifts transferred directly from your bank by enrolling in our Automated Church Giving Program.

Your gift will have an even greater ministry impact because this reduces administrative costs, postal delays, and other formalities. Therefore, we are able to put more of your gift directly towards our ministries.

You decide the amount of your monthly donation and which ministries you would like your gifts to support. You will receive credit on your acknowledgement of contributions for automated donations and cash/check donations.

You can change these decisions at any time and if you have any questions, contact the Finance Department at the church office at (760) 781-2154.

To utilize this service, simply fill out the enrollment information and attach a voided check from your bank account. Return your complete enrollment form to the church office (Attn: Finance Office).

Thereafter, your donation will automatically be transferred to the church's account. EFCC will receive a report of your contributions each month.

Your account will be drafted on the 1st and/or 16th of each month.

Please allow two weeks for withdrawals or changes to be effective.

Yes!
I'd like to enroll in the Automated Church Giving Program!

Please Print

Name _____

Address _____

City _____

State _____

Zip _____

Telephone _____

I (We) acknowledge that the origination of ECG transactions to my (our) account must comply with the provision of U. S. Law.

I (We) hereby authorize Emmanuel Faith Community Church to debit my (our) account at the financial institution(s) indicated below for the amount(s) stated on the form.

Begin Withdrawal on 1st of the month, 16th of the month, both

Change information effective date _____

Cancel effective date _____

Withdrawal starting date _____

Please allow two weeks processing time

Withdrawal Date/s	<input type="checkbox"/> 1st	<input type="checkbox"/> 16th
General Fund	_____	_____
Global Outreach	_____	_____
Building Fund	_____	_____
Monthly Total	_____	

Bank name _____

Bank routing number _____

Account number _____

Account type _____

Amount _____

Signature _____