

# Flame of Faith United Methodist Church

## 2018 Commitment Form

As members of the United Methodist Church we commit to loyalty to Jesus Christ through Flame of Faith UMC by committing our prayers, our presence, our gifts, our service and our witness. How will you commit this year?

### I/We Commit to Supporting Flame of Faith through:

#### Prayer:

- I commit to being on the prayer chain, my email is \_\_\_\_\_
- I commit to daily prayer lifting up the congregation and it's leadership.

#### Presence:

- I commit to attending worship weekly.
- I commit to attending worship twice a month.
- I commit to attendance at fellowship events and celebrations.

#### Gifts:

- I/We plan to pledge: \$ \_\_\_\_\_
  - Weekly
  - Monthly
  - Quarterly
  - Annually in 2018.
- I/We have pledged 52 weekly cash or check contributions and want 2018 weekly pledge envelopes. I/We understand this pledge form must be received for weekly pledge envelopes to be ordered for me/us.
- I/We have completed the Electronic Fund Transfer form on the reverse side.
- I/We prefer to receive our contribution statements via email, which is \_\_\_\_\_

#### Service:

- I plan on serving in these ways \_\_\_\_\_
- I'd love to serve but don't know where my gifts fit best. I commit to meeting with Pastor Sara to help discern that.

#### Witness:

- I commit to speaking with others about Christ on a monthly basis.
- I commit to speaking to at least 1 person about Christ in the next year.

Please print name of *individual* to whom this pledge shall be credited, even if it is on behalf of an entire household.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Flame of Faith UMC

## Automatic Withdrawal Form

|  |  |
|--|--|
| <b>Type of Authorization Form:</b> <i>(Please check one)</i><br><input type="checkbox"/> New Authorization<br><input type="checkbox"/> Discontinue authorization<br><input type="checkbox"/> Change banking information<br><input type="checkbox"/> Change donation amount   |  |
| <b>Name:</b> _____   | <b>Address:</b> _____  |
| <b>City:</b> _____   | <b>State/Zip:</b> _____  |
| <b>Phone:</b> _____  | <b>Email:</b> _____  |
| <b>Please debit my donation from my</b> <i>(check one)</i><br><input type="checkbox"/> Checking Account (attach a voided check below)<br><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)   | <b>Routing Number:</b><br>_____<br><i>Valid Routing # must start with 0, 1, 2, or 3</i><br><b>Account Number:</b><br>_____ |
| <b>Month of First Donation:</b><br>_____ (once a month on the 20 <sup>th</sup> )   | <b>Amount:</b><br>\$ _____   |
| <b>AGREEMENT</b><br><p>I authorize Flame of Faith UMC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Authorized Signature <span style="float: right;">Date</span></p> |  |