

The Congregational Church of Manhasset
Estimate of Giving Form *Stewardship 2021*

Name(s) _____

Email or Address _____

Your 2020 Estimate of Giving is on the enclosed donations statement.

My / Our **2021** Estimate of Giving to The Congregational Church of Manhasset:

Total Amount Estimated \$ _____

Church Operations % _____ Missions and Outreach % _____

Church Operations \$ _____ Missions and Outreach \$ _____

See credit card form on next page.

I / We understand that this *Estimate* can be changed at any time by giving notice to the Church Financial Office.

Offering Envelopes Yes _____ No _____

- I/We enclose \$50 for Church Publications and Website

Signed _____ Date _____

FOR YOUR RECORDS

The Congregational Church of Manhasset

Estimate of Giving Form Stewardship 2021 1/1/2021 to 12/31/2021

My / Our **2021** *Estimate of Giving* to The Congregational Church of Manhasset:

Church Operations _____ Missions and Outreach _____

I / We understand that this Estimate can be changed at any time by giving notice to the Church Financial Office.

Please return the top portion of this form by mail, in the offering plate or by email to stewardship@uccmanhasset.org

STEWARDSHIP 2021 – CREDIT CARD FORM

Name _____

Email or Address _____

For Credit/Debit Card Donations

Please continue credit card charges to my/our account on file with the Church at \$ _____ per month

Please increase credit card charges to my/our account on file with the Church at \$ _____ per month

Please make an **immediate one-time** charge of \$ _____
for the remainder of my **2020** Estimate of Giving.

Please make an **immediate one-time** charge of \$ _____
for my **2021** Estimate of Giving.

Or

Please make **12 monthly** charges of \$ _____ each
on January 2, 2021 through December 2, 2021 for my 2021 Estimate of Giving.

ACCOUNT # _____

Expiration Date: (mm/yy) _____ / _____

4-digit code from front of American Express cards _____

3-digit code from back of card for other cards _____

Name as it appears on the credit card _____

Billing Zip Code _____

Signature _____