



WESLEY UNITED METHODIST CHURCH

A Reconciling Congregation

God, as known to us in Jesus Christ, welcomes all. So do we. . .

21 E. Franklin Avenue ♦ Naperville, Illinois 60540
630-355-1834 ♦ www.wesleynaperville@gmail.com

2025 Estimate of Giving Form

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

___ Yes! I/We will support Wesley United Methodist Church in 2025!

Choose One:

\$ _____ weekly for 52 weeks

\$ _____ twice a month, 24 times a year

\$ _____ monthly for 12 months

\$ _____ as follows: _____

___ I/We would like information about including Wesley United Methodist Church in our will.

___ I/We would like to authorize electronic funds transfer (EFT) to provide my gift to Wesley.

___ I/We would like to give online at wesleynaperville.org/giving (one-time and recurring giving)

****Please fill out the opposite side of this form and attach a voided check to enroll in EFT.**

Also, if you are currently enrolled in EFT, you may make any changes to your electronic giving on the reverse side of this form.

For Office Use Only		Envelope # _____	Date _____
Member Authorization Form			
Effective Date: _____		<input type="checkbox"/> Change Contribution Date <input type="checkbox"/> Change Financial Institution Account <input type="checkbox"/> Discontinue Electronic Contribution	
<input type="checkbox"/> New Authorization <input type="checkbox"/> Change Contribution Amount			
Name of Member (Please Print) _____			
Address _____			
City _____		State _____	Zip _____
Regular Contribution		One Time Contributions	
<input type="checkbox"/> Semimonthly (Transferred on the 1 st & 15 th) <input type="checkbox"/> Monthly (Transferred on either the 1 st or the 15 th) CIRCLE ONE: 1 ST 15 TH <input type="checkbox"/> Quarterly (The 1 st of the month beginning _____)		Easter Offering \$ _____ (Transferred April 1 st) Christmas Offering \$ _____ (Transferred December 15 th)	
Basic Budget \$ _____			
Building a Legacy \$ _____			
Total Amount Per Contribution \$ _____			
Please take my contribution directly from the account specified:			
<input type="checkbox"/> Checking Account (attach a voided check)		<input type="checkbox"/> Savings Account (attach a savings deposit slip)	
Routing #: _____ Routing number must start with 0, 1, 2, or 3, is 9 digits long, and is located at bottom of check between these symbols ☐:☐:		Account #: _____	
I authorize Wesley United Methodist Church to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate this authorization.			
Authorized signature on my account: _____			Date: _____
Please attach a voided check or savings deposit slip.			