



# ESTIMATE OF GIVING

## WITNESS

I will show by my life and actions where my hope lives, and what God is doing for our community.

## SERVICE

I will be the hands and feet of Christ by participating in at least one mission outreach ministry this year.

## PRAYERS

I will pray regularly for loved ones, my church family, the church universal, the community, the nation, the world, and it's people.

## PRESENCE

I will be present in worship every Sunday I am able and will commit to a small group relationship which builds community and nurtures me spiritually.

## GIFTS

I will contribute:

\$ \_\_\_\_\_ weekly

\$ \_\_\_\_\_ monthly

\$ \_\_\_\_\_ other

for a total of:

\$ \_\_\_\_\_

Visit [mountolivetumc.com](http://mountolivetumc.com) to give online.

## NAME

*Please print.*

## EMAIL

## ADDRESS

Your estimate of financial giving is confidential and modifiable any time by contacting Marilyn Traynham, Church Administrator.



Stewardship 2016

## Electronic Funds Transfer

I/we authorize the Church Administrator of Mount Olivet United Methodist Church to withdraw on a monthly basis my/our pledge in support of the ministries of Mount Olivet. I/we understand that as a result of executing this form, the following actions will occur:

- Withdrawals will be posted to my/our account on the 22<sup>nd</sup> of each month.
- Withdrawals will continue as specified below, and any increase/decrease will require completion of a new form.

Pledge \$ \_\_\_\_\_

Community Assistance \$ \_\_\_\_\_

Mount Olivet Envelope # \_\_\_\_\_

Effective Month to Begin Withdrawal:

\_\_\_\_\_



I have attached a voided/canceled check with this application.

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_