

I/WE DESIRE TO SUPPORT THE FUTURE OF NEW LIFE CHURCH BY SHARING MY/OUR PLAN FOR GIVING

(PLEASE PRINT)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email: _____

Signature: _____

Env. No. _____ Date: _____

1. BUDGET

My/Our gift to the 2020-2021 Operating Budget will be:

\$ _____ per week

\$ _____ per month

\$ _____ per year

[] This gift represents an INCREASE in my/our giving from 2019-2020.

Please make checks payable to:

**New Life Presbyterian Church
965 Larpenteur Ave W
Roseville, MN 55113**

2. DESIGNATED GIVING

My/Our gift to other Designated Giving will be:

\$ _____ per week

\$ _____ per month

\$ _____ per year

[] Sanctuary AV Equipment

[] Building [] Mission

[] Mission Designation/Other gift

If you would like to **begin** giving through monthly automatic withdrawal from your checking account or credit card transactions, please contact the church office. (office@newlifechurchroseville.org or 651-488-5581) If you desire to increase your Vanco donation, please indicate the new amount on this card.

This plan may be revised at any time.

Note: **The church fiscal year runs from August 1, 2020 through July 31, 2021.**

WAYS WE CAN HELP SUPPORT YOU

[] I WOULD LIKE A CALL FROM PASTOR RIZ

[] I WOULD LIKE A MEMBER OF THE STEWARDSHIP COMMITTEE TO CONTACT ME TO DISCUSS QUESTIONS OR CONCERNS