

First United Methodist Church

2024 Stewardship Commitment Card

Name: _____

Phone: _____



UNDESIGNATED

OPERATING FUND

CAPITAL FUND

*This is a (check one) __ Weekly __ Monthly __ Yearly figure

I/We desire to enroll in
online giving

I/We desire to use a credit card for
our commitment this year

Our Business Administrator will contact you for the necessary information.