



## 2026 Estimate of Giving for Medford United Methodist Church

Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I/we will support the ministries of our church with (complete one):**

My/our weekly estimate of giving of \$ \_\_\_\_\_ / WEEK x 52 weeks = \$ \_\_\_\_\_ annual gift

My/our monthly estimate of giving of \$ \_\_\_\_\_ / MONTH x 12 months = \$ \_\_\_\_\_ annual gift

**Please Specify:**

(turn over for  
explanation)

General (unrestricted) Fund      \$ \_\_\_\_\_ (for salaries/operating expense)

Building (restricted) Fund      \$ \_\_\_\_\_ (for building upkeep)

Family Life Center (restricted) Fund      \$ \_\_\_\_\_ (for payment of FLC mortgage)

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