

Pledge Form

Your Pledge:

Please use this form to declare your pledge to our Fellowship. Submit this form at the Fellowship, by mail (2040 Street Rd, Warrington 18976 attn: Pledge), by email at stewardship@buxmontuu.org, or online at <http://www.buxmontuu.org/make-a-difference/support-buxmont/pledge/>.

Name: _____ (print) _____ (sign)

Name: _____ (print) _____ (sign)

Comments: _____

I would like someone to contact me to discuss _____

\$ _____ per month OR \$ _____ per year

.....

Help Update Our Records: Please update if the following information changed in the past year.

Name: _____

Name: _____

___ Member ___ Active Friend

___ Member ___ Active Friend

Preferred Phone: _____

Preferred Phone: _____

Email _____

Email _____

Address: _____

City/State/ZIP _____

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AUTHORIZATION AGREEMENT FOR ORIGATION OF DIRECT PAYMENT (ACH DEBITS) I (we) hereby authorize BuxMont Unitarian Universalist Fellowship, hereinafter called COMPANY, to initiate debit entries from my (our) account indicated below at the depository financial institution named below, hereinafter called Institution. This amount will be restricted to my (our) monthly pledge.

INSTITUTION NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Select one: SAVINGS ___ CHECKING ___ || Select one: WITHDRAW 1st OF MONTH ___ MID-MONTH ___

This authorization is to remain in full force until BuxMont has received written notification by me (or us) of its termination in such manner as to afford BuxMont and Institution a reasonable opportunity to act on it.

NAME _____ SIGNED _____

NAME _____ SIGNED _____

DATE _____

If transfers will be made from a checking account, please attach a voided check to this form.