

Pledge for Fiscal Year 2020 (7/1/19-6/30/20)

Your Pledge:

Please use this form to declare your pledge to our Fellowship in 2019-2020. 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/pledge>.

Name: _____ (print) _____ (sign)

Name: _____ (print) _____ (sign)

I/We Agree to Pledge:

\$ _____ per month OR \$ _____ per year

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

Name: _____ Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Address: _____ Address: _____

AUTHORIZATION AGREEMENT FOR ORIGINATION OF DIRECT PAYMENT (ACH DEBITS) I (we) hereby authorize BuxMont Unitarian Universalist Fellowship, 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.

BANK/INSTITUTION NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

SAVINGS ACCOUNT _____ CHECKING ACCOUNT _____ (check only one)

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.

PRINT NAME _____ SIGNED _____

PRINT NAME _____ SIGNED _____

DESIRED DATE OF WITHDRAWAL _____

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