

Operating Budget Pledge Form
July 1, 2025 through June 30, 2026
Unitarian Universalist Society of Sacramento
2425 Sierra Blvd., Sacramento, CA 95825 (916) 483-9283

Our mission states: **“We come together to deepen our lives and be a force for healing in the world”** and we live out our mission with your financial support. Our theme this year is **“Embracing Community: Shaping the Future”**. "To better embody these aspirations, our goal is to increase our annual budget by 8%.

First Name 1 _____

First Name 2 _____

Last Name 1 _____

Last Name 2 _____

Email 1 _____

Email 2 _____

Mobile Phone _____

Home Phone _____

MY/OUR PLEDGE:

I/we would like to increase my/our pledge by:

☐ 8%

☐ Other: (\$ or %) _____

☐ Comments: _____

I/we pledge this total amount for the fiscal year (July 1, 2025-June 30, 2026):

☐ \$ _____

I/we would like to make payments:

☐ Monthly

☐ Annually

When do you want this pledge to begin? (Choose one)

☐ July 1, 2025

☐ Next month: _____

Payment Method:

☐ I/we are already set up for automatic payments

☐ I/we are willing to cover the processing fees for ACH bank transfer and credit/debit cards

☐ ACH Bank Transfer (UUSS pays lower fees)

☐ Credit/Debit Card (UUSS pays higher fees)

☐ Check/Bill Pay

☐ Other _____

For ACH or Credit/Debit payments, **please see reverse**.

Signature(s) _____ Date _____



Online ACH Authorization or Credit Card Authorization

Please fill out the authorization below and return it to the Office, or call the bookkeeper at **916-483-9283**, ext. 205.

NOTE: The church pays higher fees for credit or debit card transactions than for automatic bank account withdrawals (ACH).

AUTHORIZATION FOR ACH AND CREDIT/DEBIT CARD PLEDGE PAYMENTS

Please make monthly withdrawals from my/our bank account (ACH) **or** charge my/our Credit/Debit card for the monthly amount of my/our PLEDGE. This will remain in effect until I/we notify the UUSS Bookkeeper of a change or cancellation.

Print Name(s) on Account _____

Monthly Amount: \$ _____

ACH Donations – If you have a preferred monthly date you want it drafted, please note _____

☐ I/we already have automatic payments set up

☐ I/we are willing to pay bank processing fees

Routing Number: (9 digits) _____

Account Number: (9-12 digits) _____

Example

YOUR NAME
1234 Main Street
Anywhere, OH 43001

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

⑆044072324 ⑆000123456789 ⑆123

ROUTING NUMBER **ACCOUNT NUMBER** **CHECK NUMBER**

You may attach a voided check if you prefer

Credit/Debit Card Donations – Visa, MasterCard, Discover or American Express. Debit cards must have a Visa, MasterCard or Discover logo.

Specify date you would like run: _____

Card Number:

Expiration Date: Month _____ Year _____ **3 digit security code** _____

☐ I/we are willing to pay card processing fees

Authorized Signature: _____