

Operating Budget Pledge Form

July 1, 2023 through June 30, 2024

Unitarian Universalist Society of Sacramento

2425 Sierra Blvd., Sacramento, CA 95825 (916)483-9283

“We come together to deepen our lives and be a force for healing in the world.” Together we strive to live our UUSS Mission through our pledges of support for the people, programs, and operations of UUSS. Together, we support our *abundant community*. Thank you for your support. Your generosity makes a difference.

Optional:

First Name 1 _____

First Name 2 _____

Last Name 1 _____

Last Name 2 _____

Email 1 _____

Email 2 _____

Home Phone _____

How much would you like to pledge? (Choose one)

- ☐ Monthly payment amount \$ _____ = \$ _____ annually
- ☐ Quarterly payment amount \$ _____ = \$ _____ annually
- ☐ Annual payment amount \$ _____
- ☐ Increase last year's pledge by: _____ %
- ☐ Same as last year
- ☐ I/we cannot make a pledge at this time.

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

- ☐ July 1, 2023
- ☐ Next month

Payment Method:

☐ ACH Bank Transfer

☐ Credit/Debit Card

(We will be updating our bookkeeping software soon, therefore you MUST fill out the back portion and send it to the bookkeeper even if you are already donating this way)

☐ 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 a higher fee for credit or debit card transactions than it does 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 effect until I/we notify the UUSS Bookkeeper of a change or cancellation.

Print Name(s) on Account _____

Monthly Amount: \$_____

ACH Donations – transferred on the ☐ 5th **OR** the ☐ 20th of each month (Check one).

Routing Number: _____ Account Number: _____

Please attach a voided check here for ACH

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

Date you would like transaction run: 5th _____ 20th _____ Other: Please specify date _____

Card Number:

Expiration Date: Month _____ Year _____

Authorized Signature: _____