

2017-2018 Annual Financial Commitment Form



WESTSIDE
Unitarian Universalist
CONGREGATION

Pledger's Information (please print or type)

Name(s)			
Billing address			
City, State, Zip			
Telephone (home)		Cell	
E-Mail			

I/we pledge a total of \$ _____ for the 2017-2018 Pledge Year (7/1/17-6/30/18).

***Please see other side if you want our Bookkeeper to initiate automatic payments from your credit card or bank account. It is most beneficial to Westside if automatic payments are sent up by donors as a bill pay from their bank account. This way no fees are charged.**

I agree to pay this pledge in full by June 30, 2018. Modifications may be made by notifying the Administrator at office@wsuu.org.

Signature(s)	Date
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**PLEASE MAKE CHECKS, CORPORATE MATCHES, OR OTHER GIFTS PAYABLE TO:
Westside Unitarian Universalist Congregation (WSUU)
7141 California Avenue SW, Seattle, WA 98136**

Check here if you would like to be contacted about including WSUU in your estate plan.



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This authorization form only needed if you would like the bookkeeper to initiate automatic payments from your checking account or credit card

Type of Authorization						
Effective date of authorization:		<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information			
		<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation			
		<input type="checkbox"/> Change donation date	<input type="checkbox"/> Please continue my current automatic deduction method for this new pledge.			
Last Name			First Name			
Address						
City			State	Zip		
Date of first payment:		FREQUENCY OF DONATION: (check only one)		AMOUNT TO DEDUCT:		
Date of last payment:		<input type="checkbox"/> Monthly on the 1 st				
<i>(Leave blank if ongoing)</i>		<input type="checkbox"/> Monthly on the 15 th				
		<input type="checkbox"/> One-time				
C H E C K I N G	Please attach voided check where shown below.					
	I authorize WSUU and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.					
Authorized Signature:		Date:				
Please attach voided check here						
C R E D I T C A R D	Please charge my donation to my (check one):		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
	Credit Card Number:			Expiration Date:		
	Name on Card:					
	Billing Address (if different from above):					
	City			State	Zip	
I authorize WSUU and Vanco Services, LLC to charge my credit card in accordance with the information above.						
Signature (as it appears on the credit card):				Date:		