

2020-2021 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 2020-2021 Pledge Year (7/1/20-6/30/21).

Intended Payment method:

- I intend to pay with single payment at beginning of fiscal Year
- I intend to pay with single payment at end of fiscal year
- I intend to pay by check throughout the fiscal year (monthly or quarterly or randomly)
- I intend to set up monthly payments myself through my financial institution (preferred due to processing fees charged to Westside if we initiate pledge payments via credit card or checking account)
- I would like Westside to set up monthly payments for me from my credit card or checking account. (see reverse side of form)
- I intend make my pledge payments via an employee giving program
- I intend to pay my pledge with a gift of stock – email Administrator for assistance (office@wsuu.org)

I agree to pay this pledge in full by June 30, 2021. Modifications may be made by notifying the Administrator at office@wsuu.org.

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Signature(s)

Date

**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 is only needed if you would like Westside 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) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> One-time		AMOUNT TO DEDUCT:			
Date of last payment: <i>(Leave blank if ongoing)</i>			Please increase my pledge amount by 3% to cover credit card fees		<input type="checkbox"/> Yes	<input type="checkbox"/> No
C H E C K I N G	Please attach voided check where shown below.		<input type="checkbox"/>			
	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:		