

2024-2025 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 2024-2025 Pledge Year (7/1/24-6/30/25).

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's bill pay (preferred due to processing fees charged to Westside if we initiate pledge.
- 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 intend to pay my pledge via Required Minimum Distribution from an IRA – email Administrator for assistance (office@wsuu.org)

I agree to pay this pledge in full by June 30, 2025. Modifications may be made by notifying the Congregational 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 Ave SW, Seattle, WA 98136**

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



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 donation amount <input type="checkbox"/> Change donation date	<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation <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: <hr/> Please increase my pledge amount by 3% to cover credit card fees <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 50px; text-align: center;">Yes</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">No</td> </tr> </table>			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes								
<input type="checkbox"/>	No								
Date of last payment:	(Leave blank if ongoing)								
C H E C K I N G	Please attach a voided check where shown below.		<input type="checkbox"/>						
	I authorize WSUU and Breeze Church Management 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 as appears on Credit Card:								
	Billing Address (if different from above):								
	City			State	Zip				
I authorize WSUU and Breezeto charge my credit card in accordance with the information above.									
Signature (as it appears on the credit card):				Date:					