

# Unitarian Universalist Fellowship of Corvallis



2945 NW Circle Blvd. • Corvallis, OR 97330 •  
Questions: [office@uucorvallis.org](mailto:office@uucorvallis.org) • 541-752-5218

**My Operations Pledge** for July 1, 2020 to June 30, 2021: \$\_\_\_\_\_ / year

I plan to make my payments:  Monthly,  Quarterly,  Yearly.

I will use electronic withdrawal. (Please include authorization form & voided check with your pledge or visit [www.tinyurl.com/UUFCVancoSignup](http://www.tinyurl.com/UUFCVancoSignup) to set up withdrawal.)

I will pay by another way (contact [Businessmgr@uucorvallis.org](mailto:Businessmgr@uucorvallis.org))

I am not pledging this year, but I still want to be involved in the Fellowship.

Please remove me from Fellowship Communications

Name: \_\_\_\_\_ Email \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

# AUTHORIZATION FORM

<b>Unitarian Universalist Fellowship of Corvallis</b>			
Effective date of authorization: ____/____/____			
Type 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			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly: Jul, Oct, Jan, Mar <input type="checkbox"/> Annually: Jul <input type="checkbox"/> On the 1 <sup>st</sup> of the month <input type="checkbox"/> On the 15 <sup>th</sup> of the month	FUNDS: <input type="checkbox"/> UUFC Operations <input type="checkbox"/> Social Concerns <input type="checkbox"/> Other (please specify)	TOTAL amount for : \$_____ 1 Year \$_____ 1 Year \$_____ 1 Year
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b> Account Number: _____ 
	I authorize the UUFC to process debit entries to my account until THIS DATE _____ OR until I ASK THEM TO STOP _____. Authorized Signature: _____ Date: _____		

*If using a checking account, please attach a voided check to this page.*