

Unitarian Universalist Fellowship of Corvallis



2945 NW Circle Blvd. • Corvallis, OR 97330 •
Questions: Businessmgr@uucorvallis.org • 541-752-5218

My **Operations Pledge** for July 1, 2021 to June 30, 2022: \$_____ / year

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

I will use electronic withdrawal. (Please include authorization form & voided check with your pledge.)

I will pay by another way (contact Businessmgr@uucorvallis.org)

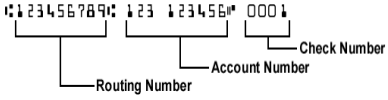
I am not pledging this year, but I still want to be involved in the Fellowship.

Please remove me from Fellowship Communications

Name: _____ Email _____

Date: _____ Signed: _____

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

Unitarian Universalist Fellowship of Corvallis			
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"/> On the 1 st of the month <input type="checkbox"/> On the 15 th of the month <input type="checkbox"/> Annually	FUNDS: <input type="checkbox"/> UUFC Operations	TOTAL amount for : \$_____ 1 Year
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 	
	I authorize the UUFC to process debit entries to my account until I ask them to stop. Authorized Signature: _____ Date: _____		

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