	U U U U U U U U U U U U U U U U U U U	YOUR STEWARDSHIP July 1, 2023-June 3 We are asking <u>all members and</u> to complete this form, and re • by mail to: Peace United C 900 High St., Santa Cruz, C/ • by email attachment to <u>ple</u>	30, 2024 <u>I friends</u> of PUCC eturn it promptly hurch of Christ, A 95060 <u>OR</u>
Name(s)			
Address		Zip	
Phone Numbers: Cell		Other	_
Email (s)			
	\$	_/week	
OR	\$	_/twice per month	
OR	\$	_/month	
OR	a one-year commitment of <i>\$</i>		

<u>Note:</u> Giving electronically is the simplest for us, either by bank debit or by credit card, while checks are gratefully received by mail. <u>Please renew bank/credit card information EACH YEAR</u> to make sure we have correct information!

_____ I would like to give electronically, **AND** have completed the back of this form.

_____ I already give electronically and wish to continue using the same method, **AND** my info hasn't changed.

_____I will be giving via PayPal.

_____I will be giving via check.

Extra gifts, dollars or appreciated securities, are graciously accepted anytime.

And every dollar counts toward the health of your CHURCH.

Making your money go further

Did you know that we pay different fees for different payment methods? The most cost-effective electronic method of giving is to receive direct deposits from your savings or checking account (see 'Checking/Savings' below). We are very happy to receive payments from credit/debit cards, but note that we are charged fees of 2.5% of your donation amount. You may consider increasing your overall pledge to cover this.

AUTHORIZATION FORM

Name of the organization: Peace United Church Of Christ

FO	R OFFICE USE ONLY	ENVELOPE/DONOR #	DATE			
		// New authorization I Change banking information I	Change donation amount Change donation date Discontinue electronic donation			
Las	Last Name First Name					
Address						
City	у		State Zip			
Email Address						
		FREQUENCY OF DONATION: Semi-Monthly – 1 st and 15 th Monthly on the 1 st Monthly on the 15 th	DATE OF FIRST DONATION: / AMOUNT \$ DATE OF LAST DONATION: / Pledge year runs 7/1/2023 to 6/30/2024			
CHECKING / SAVINGS	Please debit my donation from	your financial institution for Routing #)	Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: IL23455789I: 123 123455# 0001 Check Number Routing Number			
CHECKI	reasonable notification to termin	nate the authorization.	nt. I understand that this authority will remain in effect until I provide			
CARD	Card Brand (check one):	Visa MasterCard	American Express Discover Card			
	Card Number:		Expiration Date:			
	Name on Card:					
r / DEE	Billing Address (if different from	above):				
CREDIT / DEBIT	I authorize the above organization to process transactions in accordance with the information above.					
	Signature (as it appears on the card): Date:					