

OFFICE USE ONLY

Received by office:	_____	____/____/____
Entered in Excel:	_____	____/____/____
Entered in Church Windows	_____	____/____/____
Entered in Vanco	_____	____/____/____
Reported to Stewardship	_____	____/____/____
Total commitment for the year:	_____	

YOUR STEWARDSHIP COMMITMENT

July 1, 2022-June 30, 2023



We are asking all members and friends of PUCC to complete this form, and return it promptly...

- by mail to: Peace United Church of Christ, 900 High St., Santa Cruz, CA 95060 **OR**
- by email attachment to pledge@peaceunited.org

Name(s) _____

Address _____ Zip _____

Phone Numbers: Cell _____ Other _____

Email (s) _____

\$ _____/week

OR \$ _____/twice per month

OR \$ _____/month

OR a one-year commitment of \$ _____

Note: Giving electronically is the simplest for us, either by bank debit or by credit card, while checks are gratefully received by mail. **Please renew bank/credit card information EACH YEAR** 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.

THANK YOU

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**

FOR OFFICE USE ONLY		ENVELOPE/DONOR #	DATE
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			
FREQUENCY OF DONATION: <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th		DATE OF FIRST DONATION: ____/____/____ AMOUNT \$ _____ DATE OF LAST DONATION: ____/____/____	
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: _____ ⑆ 23456789⑆ 123 4567 0001 Routing Number Account Number Check Number
	I authorize the above organization 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: _____		
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____		

Reminder: our pledge year runs 7/1/2022 to 6/30/2023