

Complete (please print) and **1**) put it in the private pledge card box in the Gore Hall foyer, or **2**) mail to: Church Administrator, First Unitarian Church, 1901 E. Robinson St., Orlando, FL 32803, or **3**) if we already have your current bank or credit card info on file, check the appropriate box on this side (CC or ACH), sign and date the back and email to Amy at fuco@cfl.rr.com

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Home Phone: _____ Cell: _____

Birthday(s) (mm/dd/yyyy): _____

I/We pledge my/our financial support:

Monthly \$ _____ x 12 for an annual total of \$ _____

Quarterly \$ _____ x 4 for an annual total of \$ _____

Annually \$ _____ to be paid by ____/____/____

The amount committed above represents a Fair Share contribution in accordance with the Fair Share Giving Guide.

.....
 Check enclosed in the amount of: \$ _____

ACH Debit (Automatic withdrawal – see details and authorization on reverse side.)

Credit Card (See details and authorization on reverse side; 1U must pay approximately 3% fee per transaction.)

Please see more information and SIGN on reverse side — — — —>

About ACH and Credit Card Debits: First Unitarian Church of Orlando (1U) offers multiple payment options. In addition to writing checks, you may text your contributions, charge your contribution to your credit card (CC), or have your contribution deducted directly from your checking or savings account (ACH). All you have to do is provide some basic information about your credit card or bank account and sign the Authorization Agreement below.

Authorization Agreement for ACH CC or Debit: I/WE hereby authorize First Unitarian Church of Orlando (1U) to initiate debt entries and or correction entries to my/our credit card or checking/savings account indicated at the depository named below, herein called DEPOSITORY, to credit the same such account. I/We acknowledge that the organization of the CC or ACH transaction to my/our account must comply with the provisions of the U.S. law.

Credit Card: Visa Mastercard Amex Discover

Credit Card Number: _____ Exp. ____/____

ACH: (please print)

Depository Name: _____

Branch: _____

Bank Transit/ABA Number: _____

Account Number: _____ Checking Savings

This authorization is to remain in full force until 1U has received written notification from me/either of us of its termination in such time and in such manner as to afford 1U and DEPOSITORY reasonable opportunity to act upon it.

Name/s on Credit Card or Checking/Savings acct: (please print)

Signature: _____

Signature: _____

Date: _____