



2018 Pledge Certificate

(The information you share on this sheet is private and confidential. Please print clearly.)

Name(s): _____

Address: _____

City, State, Zip: _____

In recognition of our responsibility for our church, for one another, our community and the world I/we offer this pledge to Brookside Congregational Church, United Church of Christ. I/we understand that this gift is a symbol of our gratitude for all our blessings, given to expand the reach of God's transforming love.

I/we hereby pledge a total gift of \$_____ during 2018 to be paid as follows.

- 1) a weekly pledge of \$_____.
 I/We want offering envelopes.
- 2) a monthly pledge of \$_____.
- 3) an annual pledge of \$_____ to be paid in (month) _____.

I will pay my pledge by:

- Cash - Please use offering envelopes.
- Personal Check
- Electronic funds transfer from checking or savings. - Please complete the Authorization Form on back or utilize the online "Giving" feature at www.brooksidecc.org.
- Debit/credit card - Please complete the Authorization Form on back or utilize the online "Giving" feature at www.brooksidecc.org.

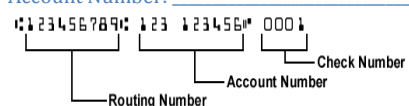
Signature(s): _____

Please return this form to the Church office in the enclosed envelope by October 15, 2017.

Thank you for your generosity in support of the life and ministry of
Brookside Congregational Church, United Church of Christ.

AUTHORIZATION FORM

Name of the organization: Brookside Congregational Church, 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		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Other _____ \$ _____ <div style="text-align: right;">Total from above \$ _____</div>
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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account 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: _____	

If using a checking account, please attach a voided check over the credit/debit card section above.