

Summit Unitarian
Universalist Fellowship
8778 Cottonwood Ave.
Santee, CA 92071



PLEDGE FORM
A NEW BEGINNING
Fiscal Year 2024-2025
July 2024 through June 2025

Email: summituuf@gmail.com
Phone: 619-562-0833

Financial pledges are essential for the continued operation of our fellowship, and will also be essential to indicate that we can support a new minister. Your pledge, however, only indicates an *intention* to contribute the amount you write in; this information helps us plan for the coming year. We understand that circumstances may change, and you can increase, reduce, or cancel your pledge at any time.

For Summit members, your completion of this pledge form is required each year in order for you to be counted

as a voting member. However, if a financial contribution is not possible for you this year, you will still qualify to be a voting member with a pledge of zero dollars together with a pledge of time and effort.

So we ask you to pledge financially as you are able, and to give generously – financially and in other ways – whenever possible. Thank you for all of your gifts. They are greatly appreciated, and some may even be tax deductible!

From Your Summit Board of Directors

MY/OUR ANNUAL COMMITMENT FOR FISCAL YEAR 2024-25

Name 1: _____ Name 2: _____
Email 1: _____ Email 2: _____
Phone 1: _____ Phone 2: _____
Address: _____ City/State/Zip: _____

Part A: Please indicate your pledge below by providing the following information (check all that apply):

- I/We commit to support Summit Unitarian Universalist Fellowship with gifts of time and effort.
- I/We commit to support Summit Unitarian Universalist Fellowship's annual operation in FY 24-25 with financial contributions totaling \$ _____.

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

Part B: Automatic Payments

- I/We would like to have payments automatically withdrawn from our bank account:
From the same account as last year's pledge, for the same amount and frequency.

From a different account or for a different amount or frequency than last year, fill out the attached withdrawal form and mail it to the Summit Office.

Part C: Have You Considered Making a Planned Gift?

- I/We have named Summit UU Fellowship as a beneficiary in my will, of an insurance policy, retirement plan, or life income plan (e.g. Charitable Gift Annuity or trust).
- I/We would like to find out more about how to include Summit in my/our estate planning.



When completed, please email your form to the Summit Office: SummitUUF@gmail.com,
or mail to SUUF, 8778 Cottonwood Ave., Santee, CA 92071

The commitments on this pledge form only indicate an intention to contribute for purposes of budgetary planning. It is not a legal document and will not be considered or enforced as such.

AUTHORIZATION FORM

Organization Name: Summit Unitarian Universalist Fellowship

Customer Id # N/A		DATE
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State Zip
Email Address		
Payment Frequency: <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____ Date of one time payment: ____/____/____ Amount : \$_____		
Date of first payment: ____/____/____ Amount of recurring payment: \$_____		
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 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	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

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