

MEMBER AFFIRMATION FORM & PLEDGE

Date: _____

in the struggle to be authentic persons in today's world you commit yourself to the responsibilities of this membership; that you stand as witness to the voice and vitality of this religion; and that you join heartfully in helping to make this congregation all it can be.

Myself

Name: _____

Address: _____

Email: _____

Phone: _____

Significant Other

Name: _____

Address: _____

Email: _____

Phone: _____

FINANCIAL AFFIRMATION:

I/We commit the following to support the operating budget of the congregation for the 2024-2025 fiscal year as follows:

Last Year's Pledge + 10%

Last Year's Pledge + _____%

Other*

--OR--

This amount: \$_____ to be paid every Week Month Quarter Six Months Annually

For an annual contribution of \$_____ (if you don't do the math, we'll fill this in for you.)

May we continue this pledge into the 2025-2026 fiscal year if we don't hear from you otherwise? Yes No

Please start my/our pledge in July 2024 (Start of Fiscal year) --OR-- _____ (mm/yyyy)

METHOD OF PAYMENT: I/We will pay the same way as last year.

--OR-- I/We will pay via:

ACH Bank Draft (*complete back of form*)

Personal Check

Cash

Realm/PayPal/online method

Bill Pay (*I set up through my bank*)

Special donation of stocks, bonds, securities

Additional Information:

Please contact me about "Planned Giving"

Please contact me to schedule a visit

If your circumstances change over the course of the upcoming year and you would like to revise your financial commitment or method of payment, please notify the Treasurer at treasurer@uucqc.org or Office Administrator at office@uucqc.org.

Membership Affirmation:

I wish to retain change my status as/to

Member Friend Guest

Signature: _____

Significant other

I wish to retain change my status as/to

Member Friend Guest

Signature: _____

*Other refers to a Contribution of Note – service/volunteerism, etc. Please contact the Minister or Board to discuss this option further.

**Electronic Funds Transfer Authorization
For Monthly Pledge Payments to the
Unitarian Universalist Congregation of the Quad Cities**

I hereby authorize the UUCQC to initiate payments from my checking/savings account shown below and the depository financial institution shown below to debit the same to my account

Beginning _____/_____/_____ debit my _____ account
(month) (day) (year) (specify checking/savings)

\$_____ monthly (not less than \$10/month)

This authority shall remain in effect until the UUCQC Treasurer receives notice from me changing its terms or revoking it.

My Depository Financial Institution

NAME OF INSTITUTION
ADDRESS
ABA ROUTING NUMBER

Signature(s) _____ Date

Personal Information

PRINT NAME(S) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

*Please attach a **blank check marked 'VOID'**; you may substitute a Deposit Slip if the Financial Institution's ABA Routing Number and your **Account Number** is shown on the slip

