

ROXBURY CONGREGATIONAL CHURCH

Pledge Form for 2019



This little light of mine!

Pledging is simple. Just fill in your name(s) and the amount below and mail or bring it to church (24 Church Street, Roxbury, CT 06783) -- or simply tell one of us the amount in person or by phone (David at 203-948-2008, Colby at 860-355-8012, or Mike at 860-354-8821).

Name(s)


Amount for the Year

Put this form in the offering plate, or mail to Roxbury Congregational Church, 24 Church Street, Roxbury, CT 06783

If you wish to set up an electronic funds transfer, please fill out the form on the reverse side of this letter.

No Matter Who You Are, Or Where You Are On Life's Journey, You Are Welcome Here!

USE THIS SIDE FOR ELECTRONIC GIVING INFORMATION

Roxbury Congregational Church <i>(Checking/Savings debits preferred)</i>	<div style="border: 1px solid black; padding: 2px; background-color: #cccccc;">Authorization Form</div> <p align="center">UCC0820</p>	 <p align="right">2019</p>										
FOR OFFICE USE ONLY	GIVERS CODE #	DATE										
Effective date of authorization: _____ / _____ / _____ I / We would like weekly envelopes												
Type of Authorization Form: <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> New authorization</td> <td style="width:33%;"><input type="checkbox"/> Change banking/credit card information</td> <td style="width:33%;"></td> </tr> <tr> <td><input type="checkbox"/> Change donation amount</td> <td><input type="checkbox"/> Discontinue electronic donation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change donation date</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking/credit card information		<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation		<input type="checkbox"/> Change donation date			
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Last Name(s)		First Name(s)										
Address												
City	State	Zip										
Date of first donation: ____/____/____	Frequency of donation: (please check only one) <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> Weekly – Mondays</td></tr> <tr><td><input type="checkbox"/> Semi-Monthly – 1st and 15th</td></tr> <tr><td><input type="checkbox"/> Monthly on the 1st</td></tr> <tr><td><input type="checkbox"/> Monthly on the 15^t</td></tr> <tr><td><input type="checkbox"/> Other</td></tr> </table>	<input type="checkbox"/> Weekly – Mondays	<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 ^t	<input type="checkbox"/> Other	Church fund designations and amounts: <table style="width:100%; border: none;"> <tr><td><input type="checkbox"/> Operating (pledge) \$ _____</td></tr> <tr><td><input type="checkbox"/> Other \$ _____</td></tr> <tr><td align="right">_____ <i>note</i></td></tr> <tr><td align="right">\$ _____</td></tr> <tr><td align="right"><i>Total</i></td></tr> </table>	<input type="checkbox"/> Operating (pledge) \$ _____	<input type="checkbox"/> Other \$ _____	_____ <i>note</i>	\$ _____	<i>Total</i>
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<input type="checkbox"/> Other \$ _____												
_____ <i>note</i>												
\$ _____												
<i>Total</i>												
Date of last donation (optional): ____/____/____												
Special Instructions:												
CREDIT CARD	Please charge my donation to my (check one): <table style="display: inline-table; border: none;"> <tr> <td><input type="checkbox"/> Visa</td> <td><input type="checkbox"/> MasterCard</td> <td><input type="checkbox"/> American Express</td> <td><input type="checkbox"/> Discover Card</td> </tr> </table>		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card						
	<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 church and Vanco Services, LLC to charge my credit card for StillspeakingMoney® in accordance with the information above.											
Signature (as it appears on the credit card): _____ Date: _____												
CHECKING / SAVINGS	Please debit my donation from my (check one): <table style="width:100%; border: none;"> <tr> <td style="width:50%;"><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</td> <td style="width:50%;">Routing Number: _____</td> </tr> <tr> <td><input type="checkbox"/> Checking Account (attach a voided check)</td> <td>Valid Routing # must start with 0, 1, 2, or 3</td> </tr> <tr> <td>Account Number: _____</td> <td>Account Number: _____</td> </tr> </table>		<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____	<input type="checkbox"/> Checking Account (attach a voided check)	Valid Routing # must start with 0, 1, 2, or 3	Account Number: _____	Account Number: _____				
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