

2020 PLEDGE COMMITMENT

Questions about this form? Contact Anna Miller, Finance Manager, at 734-662-4466, ext. 344

Please Print

Name(s) _____ Today's Date _____

- Please send me / us information about giving stock to First Pres.

Have you considered Legacy Giving?

- Please send information about including First Presbyterian Church in my / our will or estate plan.
 I / We have included First Presbyterian in my / our will or estate plan.
 Please call to discuss a gift through a will or estate plan.

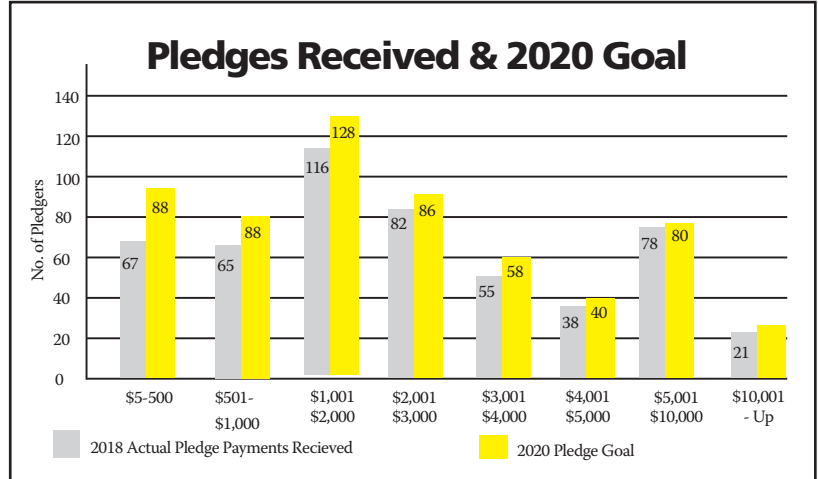
2020 FINANCIAL COMMITMENT

My / Our Total Annual Commitment for 2020 is \$ _____

Please provide offering envelopes:

_____ weekly _____ monthly

_____ I do not need envelopes



AUTOMATIC WITHDRAWAL SECTION

- I / We wish to pay our 2020 commitment using automatic withdrawal from the following account:
 Checking Savings Credit Debit

Please complete the section below:

Name as it appears on account _____

I authorize First Presbyterian Church of Ann Arbor to keep my signature on file and to deduct from my account for the payment of my/our commitment. I direct that the sum of \$ _____ be deducted from my account every:

- Month Quarter Half-Year Year

Please complete **EITHER** the Checking/Savings section **OR** the Credit/Debit Authorization Section below.

Checking/Savings Withdrawal Authorization

This is the preferred payment option. Bank fees are less for checking/savings withdrawals than for credit card processing.

Bank Routing # _____

Account # _____

Credit/Debit Card Authorization

The credit card company deducts a processing fee.

Card # _____

Expiration Date _____

- I would like to help defray the cost of the processing fee (up to an additional 3.5%).
 I would like to make **ONE-TIME AUTOMATED PAYMENTS** in the amounts specified below to the following PC(USA) special offerings:

_____ One Great Hour of Sharing - April 12, 2020

_____ Pentecost - May 31, 2020

_____ Peace & Global Witness - October 4, 2020

_____ Christmas Joy - December 20, 2020

By signing this authorization, I confirm my understanding that I control my payments, and if at any time I decide to discontinue this service, I will notify the church and request cancellation. I understand all information provided will remain confidential.

Signature: _____