



Kindle the Flame

Unitarian Universalist Church in Eugene
2022-2023 Annual Stewardship Appeal

Household Information:

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Mobile Landline

Email(s): _____

I/We pledge a total of \$_____ to support the 2022 - 2023 operating budget to be paid by June 30, 2023.

To help project cash flow, please indicate the schedule of payments:

Amount per period \$_____

Check one: ___ weekly, ___ monthly, or ___ in a single payment on _____
(Date)

Return this Form: All pledges and pledge payments can be made in the following ways:

- Online at <https://uueugene.org/support/>, select "Pledges General Fund"
- By check dropped in the offering basket, the PLEDGE drop box below the office window, or mailed to:

UUCE, Attn: Pledge Secretary, 1685 W. 13th Ave. Eugene, OR 97402.

All gifts are important and appreciated to sustain our faith and connections for 2022-2023. Thank You!

Turn over to complete the second page, or back side of this form.

SIGNATURE(S) This pledge is made in good faith. I/we agree to complete this pledge unless I/we notify The UU Church in Eugene in writing of any changes or modifications. In the event that I/we are unable to complete this pledge, I/we will notify the Pledge Secretary at (541) 513-5360 or pledges@uueugene.org as soon as possible.

(signature) (date)

(signature) (date)

Ways to Donate (please check any applicable lines):

_____ **Online** at <https://uueugene.org/support/> (automatic deductions and credit card payments may also be set up here, completely at your control)

_____ **Automatic Deductions Start** or **Continue** (circle one) automatic bank account deductions. Automatic payments will be made based on the schedule outlined on pg 1, beginning **July 1** or **July 15**, 2022 (circle one). **A voided check is attached.**

_____ **By Check** Please make payable to 'UUCE' and write "annual pledge" in the memo line.

_____ **By Stock** To contribute through a stock, bond, mutual fund or similar equity transfer, please contact the Pledge Secretary.

THIS SECTION WILL BE REMOVED AND DESTROYED AFTER DATA ENTRY TO PROTECT CREDIT CARD INFORMATION

_____ **By Credit/Debit Card** (*per the schedule on pg1*).

Enter the information here.

Add 3% for processing costs? **Yes or No** (circle your selection)

Name on the card: _____

Card Number: _____

Expiration Date: _____ CCV Number: _____

Please keep a copy of this filled out document for your records!