



Love Holds Us TOGETHER

2024-2025 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 2024-2025 operating budget to be fulfilled by June 30, 2025.

To help us project cash flow, please indicate the schedule you plan to pay:

Amount per period: \$_____

Check one: Weekly Monthly or A single payment on _____

My household is unable to make a financial contribution this year, and would like to receive an exception to any financial obligation. I would like to maintain my membership by contributing my time and energy to the mission of this church.

Return this Form: Completed forms may be returned to the office via

- The "PLEDGES" drop box below the business office window at UUCE.
- By mail, addressed to:

UUCE Office

1685 W. 13th Ave.

Eugene, OR 97402.

All gifts are important and appreciated to sustain our faith and connections to each other. Thank You!

Turn over to complete the second page 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 UUCE Business Office at 541-686-2775x3 or office@uueugene.org.

Signature: _____ Date: _____

Signature: _____ Date: _____

Ways to give:

___ **Online:** I plan to set up my own recurring contribution by visiting www.uueugene.org/support/ and setting up a contribution via debit/credit card or ACH transfer.

___ **By Check:** I will donate by check, made payable to "UUCE" and with "2024-25 Pledge" in the memo line.

___ **By Stock:** I plan to make a stock gift, and I will contact the UUCE Business office prior to initiating that transaction.

___ **I want the office to set up my recurring contribution:**
Please complete the section below:

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

___ **By Credit/Debit Card**

Name on the card: _____

Card Number: _____

Expiration Date: _____ CVV Number: _____

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

___ **By Automatic Transfer**

Routing number: _____ Account number: _____

Add 1% to cover processing fees? **Yes** or **No** (circle your selection)

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