



Annual Stewardship Commitment

Pilgrim Faith United Church of Christ
9411 S 51st Ave Oak Lawn IL
708.422.4200 | email: office@pilgrimfaith.org
www.PilgrimFaith.org

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Contact # _____ E-mail _____

With gratitude for God’s blessings, and in the spirit of generosity, my/our commit to Pilgrim Faith is:

	<u>Weekly</u>	<u>Monthly</u>	<u>Annual Total</u>
Operating fund Day to day operations and ministries of the church	_____	_____	_____
Mission Fund Congregation’s aid to others and mission to the world	_____	_____	_____
Building Fund Repairs, replacement & maintenance of church property	_____	_____	_____

I understand these commitments can be changed at any time by notifying the financial secretary or church office.

Envelopes: monthly weekly no envelopes

- I will set up an automatic bill pay with my bank to pay my pledge
- I would like to pay pledge by direct debit
(complete the back of this form for direct debit or change the amount you are currently having debited.)
- I would like information about gifting stocks, bonds, mutual funds or insurance policies to the church
- I would like to speak with someone about including the church in my will or estate plan

AUTHORIZATION FORM FOR DIRECT DEBIT GIVING

Name of the organization: Pilgrim Faith UCC

OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: _____ / _____ / _____		
Type of Authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name	First Name	
Address		
City	State	Zip
Email Address	Contact #	
Date of first donation: _____ / _____ / _____ Date of last donation (optional): _____ / _____ / _____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account <i>(contact your financial institution for Routing #)</i> <input type="checkbox"/> Checking Account <i>(attach a voided check below)</i>	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account #: _____ <div style="text-align: center;"> </div>
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	

If using a checking account, please attach a voided check at the bottom of this page.

If you would like to make donations to the church electronically, please fill out this information and return to Don Lagerstrom via email at ipaynt67@comcast.net or in a sealed envelope to the office.

Questions? Please call Don Lagerstrom at (708) 514-4427.