

## 2023 Stewardship Campaign Pledge Form

**“UUYO:  
A Joy to  
Celebrate!”**



UUYO  
1105 Elm Street  
Youngstown, OH 44505

office@uuyo.org  
330-746-3067  
Website: uuyo.org

I (We) would like to Pledge to UUYO:

I (we) will pay \$ \_\_\_\_\_ Bi-Weekly Monthly Quarterly One Time  
I (we) Pledge a Yearly Total of \$ \_\_\_\_\_ to support UUYO's 2023 annual operating budget.

I (we) will pay by Check or Cash Credit Card AutoPay\* from bank or CC (end date if any \_\_\_\_\_) \*Auto Payments are processed on the 1st and 15th monthly.

I (we) will make a separate payment for the UUA and Central East Regional Dues of \$87 per adult member for the valuable services they provide to UUYO.

I (we) will pay the Dues by: Check or Cash Credit Card Bank Withdrawal

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

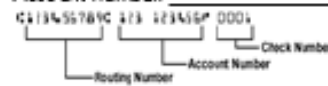
Remember that you may adjust this pledge at any time if your financial situation changes.

**Vanco form on reverse side**



# VANCO AUTHORIZATION FORM

First Unitarian Universalist Church of Youngstown

For Office Use Only		DATE	
Effective date of authorization: ____/____/____			
Type of authorization:		<input type="checkbox"/> New authorization	<input type="checkbox"/> Change payment amount
		<input type="checkbox"/> Change banking information	<input type="checkbox"/> Discontinue electronic payment
Last Name		First Name	
Address			
City		State	Zip
Email Address			
<input type="checkbox"/> Payment Frequency: <input type="checkbox"/> one-time <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____			
Date of <u>one-time</u> payment: ____/____/____			
Amount: \$ _____			
Date of first payment: ____/____/____ Amount of recurring payment: \$ _____			
[CHECKING / SAVINGS	<input type="checkbox"/> Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
	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: _____		
[CREDIT/DEBIT CARD	<input type="checkbox"/> Please charge my payment to my (check one): <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 organization to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____			