

# Electronic Credit Card and ACH Direct Debit Donation Authorization Form

Effective date of authorization: ___/___/___		
Type of Authorization Form:		
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Discontinue electronic donation	<input type="checkbox"/> Change donation date	
Last name		First name
Address		
City	State	Zip
Email Address		
<b>ONE-TIME DONATION AMOUNT:</b> \$ _____  <b>MONTHLY DONATION AMOUNT:</b> \$ _____	<b>DATE OF FIRST DONATION:</b> ___/___/___  <input type="checkbox"/> Recur indefinitely <input type="checkbox"/> Fixed amount # of donations: _____ to end on _____ date	<b>FREQUENCY OF DONATION:</b>  <input type="checkbox"/> Monthly  <input type="checkbox"/> One-time Donation

**To set up a recurring debit from your checking or savings account,** complete the blue box below and attach a voided check.

**To set up recurring charge to your credit card,** fill out and sign the red box below.

Checking/Savings	Please debit my donation from my (check one): <input type="checkbox"/> Checking Account <i>(staple a voided check below)</i> <input type="checkbox"/> Savings Account <i>(contact your financial institution for Routing #)</i>	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
	I authorize All Souls Church 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.	<p style="font-size: 0.8em;">                     ⑆ 1 2 3 4 5 6 7 8 9 0 ⑆ 1 2 3 4 5 6 * 0 0 0 1                      Routing Number      Account Number      Check Number                 </p>
Authorized Signature: _____		Date: _____

Credit Card	Credit Card Number: _____	Expiration Date: _____	CVC Code: _____
	Name on card: _____		
	Billing Address: (if different than above) _____		
	I authorize All Souls Church to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____		

# ALL SOULS

A Unitarian Universalist Congregation

If you would like to make a pledge or a gift of securities, please contact  
 All Souls' Executive Director Eileen Macholl  
 at (212)535-5530 or Eileen@AllSoulsNYC.org.

# MONTHLY GIVING GUIDEPOSTS

*Giving is a spiritual practice and expression of faith.  
Our monthly contributions deepen our connection  
to our community.*

Annual Income	Monthly Supporter 1-3%	Monthly Sustainer 3-5%	Monthly Visionary 5-10%
	I appreciate the work of All Souls and want it to thrive.	All Souls sustains me and is an important part of my life.	My gift is fuel for All Souls as a transformative force.
\$ 25,000	\$ 20	\$ 60	\$ 100
50,000	40	125	200
100,000	175	325	500
150,000	250	500	875
200,000	325	650	1,325
250,000	625	1,050	1,875