

ANNUAL GIVING PLEDGE FULFILMENT INFORMATION

Check: Make all checks out to Kirk in the Hills and include "Annual Giving - 2022" in the memo line.

Online Giving (check one): Credit/Debit Checking/Savings

Please complete *EITHER* the Checking/Savings section *OR* the Credit/Debit Authorization section below based on your indication above.

I/We direct that the sum of \$ _____ be deducted from my card/account _____.

Amount

Frequency

Credit/Debit Card Withdrawal Authorization:

Visa/Mastercard American Express Discover

Name: _____

Card #: _____

Expiration Date: ____ / ____ Security Code: _____

Checking/Savings Withdrawal Authorization

(Please attach a void check.)

Name: _____

Routing #: _____

Account #: _____

75th ANNIVERSARY CAMPAIGN PLEDGE FULFILMENT INFORMATION

I/We would like to fulfill my 75th Anniversary Campaign pledge the same way as my pledge to Annual Giving.

Check: Make all checks out to Kirk in the Hills and include "75th Anniversary Campaign" in the memo line.

Online Giving (check one): Credit/Debit Checking/Savings

Please complete *EITHER* the Checking/Savings section *OR* the Credit/Debit Authorization section below based on your indication above.

I/We direct that the sum of \$ _____ be deducted from my card/account _____ for _____ years

Amount

Frequency

of years

beginning _____.

Start Date

Credit/Debit Card Withdrawal Authorization:

Visa/Mastercard American Express Discover

Name: _____

Card #: _____

Expiration Date: ____ / ____ Security Code: _____

Checking/Savings Withdrawal Authorization

(Please attach a void check.)

Name: _____

Routing #: _____

Account #: _____

All credit/debit card pledges include a 3% transaction fee. Check the box below if you would be willing to cover this fee on behalf of the Kirk. Yes, I will cover the 3% transaction fee.

By signing this authorization, I direct that the sum(s) indicated on this form can be deducted from my account/card based on the frequency indicated on this form. I authorize Kirk in the Hills to keep my signature on file and to deduct from my account/card for the payment of my commitment to Annual Giving and/or the 75th Anniversary Campaign. I confirm my understanding that I control my payments, and if at any time I decide to discontinue this service, I will notify the church and request cancellation. I understand all information provided will remain confidential.

Signature: _____

Date: _____