

Blessed, Challenged & Transformed

We invite you to make a financial pledge - an estimate of giving - for 2012. By pledging you are making it possible for the leadership of First United Church to plan for the year ahead. Sixty two percent of the membership pledged in 2011. Our goal is 90%. A pledge of any amount is greatly appreciated!

Please turn in this form in by Pledge Dedication Sunday on October 16, 2011. OR - at the very latest by October 30, 2011. **THANK YOU!**

I/we plan to give \$ _____ per: year week month (circle)

I/we plan to pay by check or cash: YES NO (circle)

I/we need weekly offering envelopes: YES NO (circle)

I/we plan to arrange/update an automatic transfer: YES NO (circle)
(Use authorization form on back of this sheet)

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Have you made a gift to the Church in our Estate plan? YES NO ?

Are you interested in making a Capital Gift to the Church? YES NO ?

Projected Annual Income for 2012 / Giving Calculation:

	10%	5%	3%	1%
\$20,000	\$2,000	\$1,000	\$600	\$200
\$40,000	\$4,000	\$2,000	\$1,200	\$400
\$60,000	\$6,000	\$3,000	\$1,800	\$600
\$80,000	\$8,000	\$4,000	\$2,400	\$800
\$100,000	\$10,000	\$5,000	\$3,000	\$1,000
\$125,000	\$12,500	\$6,250	\$3,750	\$1,250
\$150,000	\$15,000	\$7,500	\$4,500	\$1,500
\$200,000	\$20,000	\$10,000	\$6,000	\$2,000
\$250,000	\$25,000	\$12,500	\$7,500	\$2,500
\$300,000	\$30,000	\$15,000	\$9,000	\$3,000

Return to: Julie O'Shea, Financial Manager
First United Church of Oak Park
848 Lake Street; Oak Park, IL 60301
Phone: 708-386-5215
E-Mail: financial@firstunitedoakpark.com

AUTHORIZATION FORM

Church name: **First United Church of Oak Park**

Your name: _____

Address: _____

City, State, Zip: _____

Email address: _____

I would like to make the following contribution(s):

- General Operating Fund \$ _____
- Building Fund \$ _____
- Other \$ _____
- Other \$ _____
- Total** \$ _____

Date of first contribution: ___/___/___

Frequency of contribution (check one):

- Weekly - Mondays
- Semi-monthly - 1st and 15th
- Monthly on the 1st
- Monthly on the 15th

CHECKING / SAVINGS

Complete this section if using your checking or savings account

Please debit my (check one):

- Checking account—attach voided check Savings account—attach voided deposit slip

Routing #: _____

Account #: _____

Valid routing # must start with 0,1,2 or 3

I authorize the above organization and Vanco Services to process debit entries to the above 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

Complete this section if using your credit or debit card

Please charge my (check one): Visa MasterCard Discover American Express

Card #: _____

Expiration Date: _____

Name on card: _____

Billing Address (if different from above): _____

I authorize the above organization and Vanco Services to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature: _____ Date: ___/___/___