

# Pledge Form

Name: \_\_\_\_\_ (Please print legibly)

I/We pledge \$ \_\_\_\_\_ to UUCGT for 2019 - 2020  
(July 1, 2019 – June 30, 2020)

This is equivalent to \$ \_\_\_\_\_ per month

I/We pledge to make every effort to meet this commitment. If my/our circumstances change such that this pledge cannot be met in full, I/we will contact the bookkeeper/accountant at 231-947-3117 to make an adjustment.

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

\_\_\_\_\_  
Date

## Paying Your Pledge

- I/We will make payments by check (turned in on Sundays or by mail).
- I/We would like to make automatic payments, and I/we will contact bookkeeper/accountant (bookie@uucgt.org) directly to make arrangements.
- I/We are paying the full amount now. Check enclosed.
- I/We will pay through a transfer of appreciated securities and will contact bookkeeper/accountant to make arrangements (231-947-3117).
- Other arrangements: I/We will call bookkeeper/accountant to finalize (231-947-3117).

***Thank you!!***

Please bring your pledge form to UUCGT or mail to:

**UUCGT  
Attention: Bookkeeper / Accountant  
6726 Center Road  
Traverse City, MI 49686-1802**

Office Use

Date received \_\_\_\_\_ Date entered into DB \_\_\_\_\_ By \_\_\_\_\_ Env. # \_\_\_\_\_ Name: \_\_\_\_\_

Notes: