

**Mountain Vista Unitarian Universalist Congregation**  
**PO Box 91080 Tucson, AZ 85752**  
**New Building Fund Financial Commitment Form**  
**Fiscal Year 2021 - 2022**

Donor Name \_\_\_\_\_ 2<sup>nd</sup> Donor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Would you consider increasing your current pledge amount by 10% 15% 20%? Y / N

I/We pledge \$ \_\_\_\_\_ towards the **New Building Fund** in support of the programs and mission of MVUUC for the 7/1/20-6/30/21 fiscal year.

**Payments will be made via (Please Check):**

\_\_\_\_\_ Electronic Funds Transfer    \_\_\_\_\_ Sunday Plate Collections    \_\_\_\_\_ Mail  
\_\_\_\_\_ IRA/Retirement Funds    \_\_\_\_\_ Stock Donations    \_\_\_\_\_ Other

**Electronic Funds Transfer (SUGGESTED):**

1. Continue Current Schedule \_\_\_\_\_
2. New Schedule \_\_\_\_\_

**Frequency:**

Weekly \$ \_\_\_\_\_    Monthly \$ \_\_\_\_\_    Quarterly \$ \_\_\_\_\_    Annually \$ \_\_\_\_\_

By what date? \_\_\_\_\_

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

\*If using a checking or savings account, **please attach a voided check**

**AUTHORIZATION FORM - NEW BUILDING FUND  
MOUNTAIN VISTA UNITARIAN UNIVERSALIST**

**FOR OFFICE USE ONLY ENVELOPE / DONOR**

**Effective date of authorization:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of authorization:**    New Authorization       Change Amount       Change Date  
    Change Bank Details     Discontinue Electronic Donation

Last Name, First Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**DATE OF FIRST DONATION:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**FREQUENCY OF DONATION:**

Weekly – Mondays               Semi-Monthly – 1<sup>st</sup> & 15<sup>th</sup>  
 Monthly on the 1<sup>st</sup>               Monthly on the 15<sup>th</sup>

**AMOUNTS:**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Please check one of the following:**

Savings Account (contact your financial institution for Routing #)  
 Checking Account (attach a voided check below)

Routing Number: \_\_\_\_\_ *Valid Routing # must start with 0, 1, 2, or 3*

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: \_\_\_\_\_

\*If using a checking or savings account, **please attach a voided check**