Damascus United Methodist Church

2024-25 Operating Fund Pledge Form

Recognizing that all that I have is a gift from God, I gratefully return a portion of that with which I have been blessed in support of the Operating Fund of the Damascus United Methodist Church through the following pledges of financial support:

For the period July through December 2024, I pledge to contribute \$_		
per \square week for 26 weeks for a total pledge of \$	_	
per \square month for 6 months for a total pledge of \$		
per 🗆 for a total pledge of \$		
For the period January through December 2025, I pledge to contribu	te \$	
per \square week for 52 weeks for a total pledge of \$	_	
per \square month for 12 months for a total pledge of \$		
per \square for a total pledge of \$		
Name(s):		
Address:		
City:	State:	_ Zip:
Phone:Email:		
Preferred method of contact: \Box Email \Box Text \Box Regular mail		
We encourage you to enroll to have your pledge paid by way of an auton so, please provide the following information along with a voided check		ank account. If you wish to do
☐ The undersigned hereby authorizes Damascus United Methodist Chaccount in payment of the above pledges of financial support. This authorizes Damascus United Methodist Chaccount in payment of the above pledges of financial support. This authors acknowledge that recurring payments described above will continue account information is as follows:	urch to initiate an a horization may be ca	utomatic charge to our bank anceled at any time. However,
Name of financial institution:		
Bank nine digit routing number: Account number:		
Note: Weekly payments will be drawn on Mondays (or Tuesdays if Moblease choose to have your payment withdrawn on either the \Box 1st or t	•	
Signatures: Date	:	

If you have any questions, please contact Mike Powers at 515-494-3327 or mike.powers@damascusumc.org

Completed forms may be mailed to: Damascus UMC, 9700 New Church Street, Damascus, MD 20872