

USE THIS SIDE FOR A
CHECKING OR SAVINGS
ACCOUNT TRANSACTION

DATE OF FIRST DONATION:	FREQUENCY OF DONATION: (check one only)	AMOUNT:
____/____/____	<input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Other	Total Annual Pledge: \$_____

Please debit my donation from my (check one):

- Savings Account – contact your financial institution for Routing # _____
- Checking Account (please attach a voided check)

I authorize Calvary Episcopal Church and Vanco Services 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: _____

[OVER]

USE THIS SIDE FOR A
CREDIT CARD TRANSACTION

DATE OF FIRST DONATION:	FREQUENCY OF DONATION: (check one only)	AMOUNT:
____/____/____	<input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Other	Total Annual Pledge: \$_____

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

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Address: _____

I authorize Calvary Episcopal Church and Vanco Services to charge my credit card in accordance with the information above

Signature (as it appears on the credit card): _____ Date: _____

[OVER]