



2017 Stewardship Pledge Operating Budget

How could Westminster, Durham, and the world
be transformed if everyone increased their pledge for 2017?
How would we ourselves be transformed?

*Complete this pledge card OR pledge online at www.wpcdurham.org/pledge.
If you pledge online, we invite you to check the box below and bring your
pledge card forward during worship on Dedication Sunday, October 30.*

I/we pledge \$ _____ per month,
for a total of \$ _____ per year.

I/we have made this pledge online.

Signature(s) _____

Print Name(s) _____

Date _____

I am already enrolled in direct debit for my regular giving schedule.
Please adjust the amount of my current bank draft to:

\$ _____ per week / month (circle one).

Use the form on the back if you would like to enroll in direct debit.

***Please place your pledge card in the envelope provided and
bring it to Dedication Sunday on October 30.***

***If you cannot attend worship that day,
please use the envelope to mail your pledge card to the church OR
pledge online at www.wpcdurham.org/pledge.***

Westminster offers direct debit, which allows you to make contributions on a scheduled, automatic basis from a checking or savings account. If you are enrolling in direct debit for the first time, please complete the authorization form below and attach a voided check.

AUTHORIZATION FORM		WESTMINSTER PRESBYTERIAN CHURCH 3639 OLD CHAPEL HILL ROAD DURHAM, NC 27707	
Name:		Email Address:	
Address:			
I would like to make the following contribution(s): <input type="checkbox"/> Operating Budget \$ _____		Frequency of contribution (check one): <input type="checkbox"/> Weekly – Thursdays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	
Date of first contribution: ____ / ____ / ____			
CHECKING / SAVINGS		Please debit my contribution from (check one):	
<input type="checkbox"/> Checking account (attach voided check to this form)		<input type="checkbox"/> Savings account (contact your financial institution for Routing #)	
Routing #:		Account #:	
<i>Valid routing # must start with 0, 1, 2, or 3</i>			
I authorize the above organization to process debit entries to my account. I understand that this authorization will remain in effect until I provide reasonable notification to terminate the withdrawals.			
Authorized signature: _____			
Date: ____ / ____ / ____			

- PLEASE ATTACH A VOIDED CHECK -