

Rehoboth Congregational Church

2024 PLEDGE FORM



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: (Home) _____ (Cell) _____

I plan to give a total of \$ _____ in 2024

(If you elect to give electronically and cover fees, this amount will increase by the fee amount below)

Please choose one:

Weekly \$ _____ Twice/Month \$ _____ Monthly \$ _____ Annual \$ _____

Electronic Giving _____ Non-Electronic Giving _____

Electronic Giving (please fill out if you currently use electronic giving or are signing up for the first time)

Would you like to cover processing fees? (Fee is 1% + \$0.25 per transaction) Yes _____ No _____

What day of the month would you like your funds withdrawn (circle one) 1st or 15th
(If you elect to give twice/month – funds will be withdrawn on the 1st & 15th of the Month.)

Bank Information

Checking Account _____ Savings Account _____

Routing Number: _____ Account Number: _____

Please include a voided check (checking account) or savings statement (savings account) for proof of account ownership.

I understand that this commitment can be changed at any time by giving notice to Holly DaSilva, RCC Financial Secretary (financialsecretary@rehobothcongregational.org).

Signed: _____ Date: _____