

UUSC First Responders
Bank Transfer *or* Credit Card Payment Authorization Form

Name(s) _____

Address _____

Phone: () _____ E-mail _____
(Sign up for our monthly e-mail bulletin)

Please choose either Checking (option 1) or Credit/Debit Card (option 2).
*Please do **not** fill out both options.*

Checking (option 1)

I authorize my bank to transfer the amount shown below from my checking account each month. I understand that a record of each charge will be included on my monthly bank statement and will serve as my receipt. I understand that I may cancel my pledge at any time by writing to UUSC. *I have enclosed my **voided check** or my first pledge payment.*

Monthly Gift: _____

Signature

Date: _____

Credit/Debit Card (option 2)

I authorize UUSC to transfer the amount shown below from my Credit or Debit account each month. I understand that a record of each charge will be included on my monthly statement and will serve as my receipt. I understand that I may cancel my pledge at any time by writing to UUSC.

Please charge my: AMEX MasterCard Visa

Amount: _____ per month

Credit Card Number: _____ Exp. Date / /

Signature: _____
(cardholder) Date: _____

Mail form to:
UUSC – CIP
130 Prospect Street
Cambridge MA 02139