

UUSC KEEPERS OF THE FLAME
Bank Transfer *or* Credit Card Payment Authorization Form

Name(s) _____

Address _____

Phone: () _____ E-mail _____
(Sign up to receive updates via e-mail)

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

Option 1: Checking Account Transfer

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: _____

Option 2: Credit/Debit Card Transfer

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: _____ Date: _____
(cardholder)

Fax to: **617-868-7102**
Or mail form to:
UUSC – CIP
689 Massachusetts Avenue
Cambridge, MA 02139