



## Temple Beth Tikvah 5782 Annual Fund Pledge Form

Please indicate how you would like your name to appear for recognition of your gift.

Name \_\_\_\_\_

☐ I wish this gift to be anonymous.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

I would like to pledge \$ \_\_\_\_\_

\_\_\_\_ Enclosed is a check payable to Temple Beth Tikvah Annual Fund.

\_\_\_\_ I would like to pay by direct withdrawal from my bank account.

*To pay by ACH (direct withdrawal), complete the authorization on the reverse side of this page.*

\_\_\_\_ I would like to pay by credit card.

☐ MasterCard      ☐ Visa      ☐ American Express      ☐ Discover

Card Number \_\_\_\_\_ Expiration Date: \_\_ / \_\_ CVV code \_\_\_\_\_

☐ In an effort to offset processing fees, I agree to add 3% to my Annual Fund pledge amount.

Signature: \_\_\_\_\_

Will your gift be matched by your employer?

☐ Yes

☐ Matching

☐ Form will

☐ No

Gift form  
enclosed

be sent  
later

Return this form to: Temple Beth Tikvah, 196 Durham Road, Madison, CT 06443

Please make checks out to Temple Beth Tikvah Annual Fund.

All pledges to the 5782 Annual Fund must be paid by June 1, 2022.

*All donations to the Annual Fund are tax deductible.*

## ACH Payment Authorization

I authorize a withdrawal by Temple Beth Tikvah from my checking/savings account. I understand that the amount indicated below will be withdrawn from my account as indicated.

I, \_\_\_\_\_, authorize Temple Beth Tikvah to  
(Congregant's Full Name)  
charge my bank account payment as indicated below.

Annual Fund: \_\_\_\_\_

Amount: \_\_\_\_\_

### Billing Information:

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Bank Information:

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Names on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

I understand that this authorization will remain in effect throughout our fiscal year unless I cancel it in writing, and I agree to notify Temple Beth Tikvah in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the prior or next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Temple Beth Tikvah may at its discretion attempt to process the charge again within 10 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the organization of ACT transaction to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in the authorization form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_