

**UUSC Recurring Donation Form**

**Bank Transfer *or* Credit Card Authorization**

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 monthly payment.*

Monthly Gift:

**Signature**

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

**Credit or 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 contacting UUSC.

Please charge my: 🞎 AMEX 🞎 MasterCard 🞎 Visa 🞎 Discover

Amount: per month

Credit Card Number: Exp. Date\_\_\_\_\_\_\_\_\_\_\_

**Signature:** Date\_\_\_\_\_\_\_\_\_\_\_\_ (cardholder)

Mail form to: UUSC, 689 Massachusetts Ave, Cambridge, MA 02139-3302