



**MAINE MINISTRY
OUTREACH CENTER**

Pledge Card

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

THANK YOU FOR YOUR SUPPORT!

www.maineministry.org/give

I (we) pledge a total of \$_____ to be
paid: Monthly Quarterly Yearly
 As a special gift

Donation Type:

- General Support for MMOC
 James Shaw - Center Director
 Ethan Troester - Outreach & Discipleship Coordinator

I (we) plan to make this contribution in the form of:

- Cash Check Credit card - Online
 Automatic bank withdrawal Other

Note: If you have selected automatic bank withdrawal, please complete the authorization form below.

Please make checks payable to:

Maine Ministry Outreach Center
1 Waldo Ave
Rockland, ME 04841

*Please address the return envelope to **C/O Treasurer.**

Automatic Payment Authorization Form

I (we) authorize Maine Ministry Outreach Center (MMOC) to initiate automatic payment in the amount of \$_____ every _____ (Wk/Mo/Yr) from the account described below, starting on ____/____/____.

Account Holder's Name(s): _____

Financial Institution's Name: _____

Financial Institution's Address: _____

PLEASE ATTACH a voided check or savings deposit slip (please affix to this form)

Routing Number: _____

Checking Account # _____ or Savings Account # _____

(NOTE: Routing number is found between these symbols: **⑆** _____ **⑆** on bottom of check or savings deposit bank slip.)

This authority is to remain in full force and effect until MMOC has received written notification from me (or either of us, for a joint account) of its termination in such time and in such manner as to afford MMOC a reasonable opportunity to act on it.

Signature(s): _____ Date: _____

Note: In the event the payee's financial institution for any reason denies an electronic payment, a non-refundable service charge of \$25.00 will be assessed per occurrence.