

Email Support: giving@westside.org

Mailing Address: West Side Presbyterian Church

6 South Monroe Street Ridgewood, NJ 07450

## **Stewardship Campaign Response Form**

Name(s) of Primary Contact(s)			
Address:			
			<del>_</del>
Email (optional): Phone (optional):			
Other adults in the household:			
Children in the household (not	e ages, please):		
☐ Automated Giving			
**If you already have instead of submitting	an account on westside.org, please submit this information a paper form.**	mation there	
instructions below. Th Side Presbyterian Chui authorization will rema	st Side Presbyterian Church to withdraw funds from mass replaces any prior authorization I may have submitted of any future changes in my account information. The ain in effect until I submit a revised form, by email or below if you wish to cancel any authorization already	ed. I agree to I understand letter, to the	notify West that this
☐ Weekly, \$	_ per week	per month	
Checking Account			
Attach a voided check	and we will set up the account for automated debit p	er your instru	ictions above.
	- OR -		
Credit Card			
Name on Card:		Type of Card:	
Expiration Date (mm/yyyy):		☐ VISA	Mastercard
Billing ZIP Code	CVC (4 digits on front for AMEX, 3 digits on back for other cards):	AMEX	Discover
Authorized Signature			
Regular giving via check (o	r my bank's bill pay), \$ per week or \$	per mont	h
Annual pledge of \$	per year, timing of gifts will vary		
I give when I can, but it's d	ifficult to predict when or how much.		