



# Ferry Beach Park Association

## Sustaining Member Gift Commitment Form

Ferry Beach Park Association Sustaining Members pledge for the calendar year, paid monthly, by direct debit, credit card, or check. Sustaining Members who are not yet Life Members receive Annual Membership after the first donation and are granted Life Membership when they have pledged or donated \$1,000. Sustaining Member donations will be used for ongoing operational expenses. Pledge renewal notice will be sent in November.

Name(s): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**I/we hereby pledge sustaining support for Ferry Beach Park Association with a monthly gift of \$\_\_\_\_\_ for the current year.**

### Payment Details

- I/we will make payments automatically by direct debit**  
(Please complete the authorization form on the back, attaching a voided check where indicated.)
- I/we will make payments via credit card.**  
(Please complete the authorization form on the back.)

*Thank you for becoming a Sustaining Member of the Ferry Beach Park Association. Every gift is important to our shared future. If you wish to make your gift in memory or in honor of someone dear to you, please contact Rev. Fayre Stephenson directly at 207-282-4489.*

**5 Morris Avenue, Saco, ME 04072**

# AUTHORIZATION FORM

Ferry Beach Park Association

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: \_\_\_\_\_

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name	
Address		
City	State	Zip
Email Address		

<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup>	<b>DONATION AMOUNT:</b> \$ _____
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<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <small>                     234567890 123 234567 0004                      Routing Number      Account Number      Check Number                 </small>
	I authorize the above Ferry Beach Park Assoc. to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____	

<b>CREDIT CARD</b>	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card
	Credit Card Number: _____      Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the above FBPA to charge my credit card in accordance with the information above.  Signature (as it appears on the credit card): _____ Date: _____