



419 E Oskaloosa Street | Pella, Iowa 50219 | thewelliowa.org | 641-621-0164

### Annual Pledge Form

<input type="checkbox"/>	I pledge an annual amount of \$_____ for (circle one) <b>1 year 2 years 3 years</b> for a total pledge of \$_____. Please send pledge reminders to the email address listed here _____
<input type="checkbox"/>	I authorize a MONTHLY debit in the amount of \$_____ per MONTH on the <input type="checkbox"/> 1st day or the <input type="checkbox"/> 15 <sup>th</sup> day from my <input type="checkbox"/> savings or <input type="checkbox"/> checking account. I understand transfers will be on the date selected of each month and that this authorization will remain in effect until I notify The Well. I (we) hereby authorize The Well to electronically debit my (our) account, and if necessary, to electronically credit my (our) account to correct erroneous debits to the account above. I (we) agree that ACH transactions that I (we) authorize comply with all applicable law. <input type="checkbox"/> I have attached a voided check or deposit slip with my bank information. (Please allow 7 days for initiation or changes.)
<input type="checkbox"/>	My employer has a matching gift program and I intend to request a match for this gift.
<input type="checkbox"/>	I wish my donation to be listed anonymously in The Well reports of donors.
<input type="checkbox"/>	I would like information about including The Well in my will, trust, or estate plans, or making a transfer of stock or securities.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Birthday \_\_\_\_\_

Affiliate Organization (church, club, employer) \_\_\_\_\_

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

*IRS Statement- The Well is a 501©(3) organization. Your contribution will be tax deductible to the extent allowed by law.*

*Please return this to The Well Resource Center: 419 E Oskaloosa Street, Pella, IA 50219*