



# SUSTAINING PLEDGE UPDATE

PO Box 1347 • Peoria, Illinois 61654 • 309.677.4747 • www.wtvp.org

Please resume my sustaining gift of \$ \_\_\_\_\_  
*(if Blank, recurring pledge amount will stay the same.)*

Please increase my sustaining gift to \$ \_\_\_\_\_

Name: \_\_\_\_\_

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

City

State

ZIP Code

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

**Terms of Agreement:** My Authorization to transfer recurring gifts from my bank account or Credit / Debit Card shall remain in effect until I notify WTVP that I wish to end this agreement.

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

Please return this form to the address above.

**Thank you for your sustaining support!**

## Bank Account

**RECOMMENDED**

Payment Date:  10<sup>th</sup> or  25<sup>th</sup>

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:  Checking or  Savings

*\*Or include a voided check from the account you wish to use.*

 **Routing Number**

 **Account Number**

 **Check Number**

## Credit or Debit Card

Payment Date:  8<sup>th</sup> or  23<sup>rd</sup>

Visa  MasterCard  AmEx  Discover

Card #: \_\_\_\_\_

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