

# River of Grass Annual Commitment Card FY 2017-2018

## Fair Share Giving Guide from the Unitarian Universalist Association

Fair Share Giving Guide from the Unitarian Universalist Association												
	<b>Supporter</b>			<b>Sustainer</b>			<b>Visionary</b>			<b>Transformer</b>		
	River of Grass is a significant part of my life and promotes my spiritual growth			River of Grass is central to my identity, and I am committed to sustaining our message			River of Grass has my commitment to expand this mission and ministry			I designate 10% of my income to River of Grass as this is how I live out my spiritual principles and values		
Adjusted Annual Income	% of income	Suggested		% of income	Suggested		% of income	Suggested		% of income	Suggested	
		Monthly Payment	Annual Payment		Monthly Payment	Annual Payment		Monthly Payment	Annual Payment		Monthly Payment	Annual Payment
\$10,000	2%	\$17	\$200	3%	\$25	\$300	5%	\$42	\$500	10%	\$83	\$1,000
\$25,000	2%	\$42	\$500	3%	\$63	\$750	5%	\$104	\$1,250	10%	\$208	\$2,500
\$50,000	3%	\$125	\$1,500	4%	\$167	\$2,000	5%	\$208	\$2,500	10%	\$417	\$5,000
\$75,000	3%	\$188	\$2,250	4.5%	\$281	\$3,375	6%	\$375	\$4,500	10%	\$625	\$7,500
\$100,000	3.5%	\$292	\$3,500	5%	\$417	\$5,000	6.5%	\$542	\$6,500	10%	\$833	\$10,000
\$150,000	3.5%	\$438	\$5,250	5%	\$625	\$7,500	6.5%	\$813	\$9,750	10%	\$1,250	\$15,000
\$200,000	4%	\$667	\$8,000	5.5%	\$917	\$11,000	7%	\$1,167	\$14,000	10%	\$1,667	\$20,000
\$400,000	6%	\$2,000	\$24,000	7%	\$2,333	\$28,000	8.5%	\$2,833	\$34,000	10%	\$3,333	\$40,000

**As you consider your situation, think about your growing commitment to the River. Are you moving from Supporter, to Sustainer, to Visionary to Transformer?**

Your Comments -

---

**(1) I/we commit to support the mission and ministry of River of Grass Unitarian Universalist Congregation with a confidential annual pledge of \$ \_\_\_\_\_**

**(2) Please select your payment option:**

\_\_\_\_ Personal Check or Automatic Payment from my bank: (circle one) Monthly Quarterly Annually

\_\_\_\_ Automatic charge to my Credit Card: (circle one) Monthly Quarterly Annually

Type of credit card (circle one): Visa MC AMEX Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security/VIN Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

I/we authorize, by signature(s) below, charges to be made to my credit card as stipulated by this pledge commitment. I understand this agreement will remain in effect from July 2017 through June 2018. Charges will occur early in the month, typically by the 5th of the month.

Name(s) on Card: \_\_\_\_\_

Printed Name(s):

Signature(s):

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(3) Please fold, place in an envelope, seal, and return to our Treasurer (Brit Lundell) or our Office Administrator (Sandy Blair-Chibnick), office mail-drop, or via mail.**