



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: _____

Bank Account



Payment Date: 10th or 25th

Routing #: _____

Account #: _____

Account Type: Checking or Savings

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

⌚ 1 2 3 4 5 6 7 8 9 ⌚

Routing Number

⌚ 0 0 1 0 0 1 2 3 9 ⌚

Account Number

⌚ 7 9 0 ⌚

Check Number

Credit or Debit Card

Payment Date: 5th or 23rd

Visa MasterCard AmEx Discover

Card #: _____

Expiration Date: _____

Please return this form to the address above.

Thank you for your sustaining support!