

BUILD:

{ A Covenant Campaign }

Contact Information

Name _____

Address _____

City/State/Zip _____

Phone _____

Cell _____

Fax _____

E-mail _____

Payment Plan

Designation: Where Needed Most Capital Endowment
 Covenant (Annual) Fund Other: _____

I/we agree to contribute \$ _____ to be paid over _____ year(s).

I/we will pay this commitment: Monthly Quarterly
 Semi-Annually Annually

Begin payments on _____ (month) _____ (year).

Please send pledge reminders:

Quarterly Semi-Annually Annually

Please send me information on Estate Planning.

Corporate Matching Gifts

Does this commitment qualify for a corporate matching gift? Yes No

Employer/matching corporation: _____

Church Membership

Current Local Church _____

City _____

State _____

Payment Method

Select Payment Method: Check enclosed Credit Card Electronic Funds Transfer

Name on Card _____

AMEX VISA MasterCard

Card Number

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Security Code _____ Expiration Date _____

Sign me up for an Electronic Funds Transfer \$ _____ per month (enclose a voided check).

Donor Signature

Spouse Signature