

Joining Jesus Fundraising Initiative – Pledge Form

Name: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I/we pledge to support *Joining Jesus* in the total amount of:

- \$300/month for 5 years for a total pledge of \$18,000
- \$50/week (\$200/month) for 5 years for a total pledge of \$12,000
- \$25/week (\$100/month) for 5 years for a total pledge of \$6,000
- \$2/day (\$60/month) for 5 years for a total pledge of \$3,600
- \$1/day (\$30/month) for 5 years for a total pledge of \$1,800
- Other: \$ _____/month for _____ years for a total pledge of \$ _____
- With a one-time gift of: _____

Pledge payments will begin on: _____ (start date)

I/we intend to pay this pledge: Annually Quarterly Monthly No Reminders

Payment Method:

- A payment in the amount of \$ _____ is enclosed as an initial payment. (Made payable to *The Episcopal Church in Connecticut* with *Joining Jesus* in the memo.)
- I would like to make a gift of stock or make a qualified charitable distribution using my IRA. Please send me information.
- I would like to designate the church as a beneficiary of life insurance assets. Please send me information.
- I would like to make recurring payments via credit/debit card. *Please complete section on reverse.*
- I would like to establish automatic checking or savings account debits. *Please complete section on reverse.*

GIFT RECOGNITION (no donation amounts or giving levels will be published):

- This commitment is made in celebration/honor of _____
- I/we prefer our name not be listed in the alphabetical roll of donors to the campaign.
- Please list my/our name in any printed materials as: _____

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Example Pledge Amounts	Annual Payments (5 Years)	Monthly Payments (5 Years)	Daily Equivalent
\$50,000	\$10,000	\$2,500	\$835
\$25,000	\$5,000	\$1,250	\$415
\$18,000	\$3,600	\$300	\$10.00
\$12,000	\$2,400	\$200	\$6.58
\$9,000	\$1,800	\$150	\$4.93
\$6,000	\$1,200	\$100	\$3.29
\$3,600	\$720	\$60	\$1.97
\$1,800	\$360	\$30	\$0.99

Payment Method

Credit/Debit Card: Visa MasterCard American Express Discover

Credit/Debit Acct #: _____

Exp. Date: ____/____/____

OR

ACH: Bank Name: _____

Routing Number: _____

Account Number: _____

Please complete:

Card/Account Holder Name: _____

Signature: _____