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

<table>
<thead>
<tr>
<th>Pledge Amounts</th>
<th>Annual Payments (5 Years)</th>
<th>Monthly Payments (5 Years)</th>
<th>Daily Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000</td>
<td>$10,000</td>
<td>$835</td>
<td>$26.88</td>
</tr>
<tr>
<td>$25,000</td>
<td>$5,000</td>
<td>$415</td>
<td>$13.44</td>
</tr>
<tr>
<td>$18,000</td>
<td>$3,600</td>
<td>$300</td>
<td>$10.00</td>
</tr>
<tr>
<td>$12,000</td>
<td>$2,400</td>
<td>$200</td>
<td>$6.58</td>
</tr>
<tr>
<td>$9,000</td>
<td>$1,800</td>
<td>$150</td>
<td>$4.93</td>
</tr>
<tr>
<td>$6,000</td>
<td>$1,200</td>
<td>$100</td>
<td>$3.29</td>
</tr>
<tr>
<td>$3,600</td>
<td>$720</td>
<td>$60</td>
<td>$1.97</td>
</tr>
<tr>
<td>$1,800</td>
<td>$360</td>
<td>$30</td>
<td>$0.99</td>
</tr>
</tbody>
</table>

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: ____________________________________________________________