

**Pledge Card**  
Marriage in Christ

Name \_\_\_\_\_

Email \_\_\_\_\_

All donations are tax deductible.

**I would like to make a one time gift.**

\_\_\_\_\_ \$5,000    \_\_\_\_\_ \$1,000    \_\_\_\_\_ \$600  
\_\_\_\_\_ \$360    Other: \$ \_\_\_\_\_

**I would like to make a two-year pledge.**

\_\_\_\_\_ \$210/month    \_\_\_\_\_ \$45/month  
\_\_\_\_\_ \$25/month    \_\_\_\_\_ \$15/month  
Other: \$ \_\_\_\_\_

**Type of payment**

\_\_\_\_\_ **Check**

*Please make checks payable to "Marriage in Christ."*

\_\_\_\_\_ **Credit/Debit card** (Visa, MasterCard, American Express or Discover)

Card#: \_\_\_\_\_

Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/St./Zip: \_\_\_\_\_

I authorize Marriage in Christ to transfer the amount of my pledge from my bank account or to charge my credit/debit card. Donations will be solicited on the 15th day of the month. I agree to notify Marriage in Christ to change or to cancel the agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_