Free to Dream Campaign Pledge Form

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

CAMPAIGN COMMITMENT

I/We pledge $ _____ in support of the Free to Dream Campaign

I/We plan to make my/our contribution in the form of:

◯ Check ◯ Online ◯ Stock ◯ Other: _____

Special instructions: _____

PAYMENT SCHEDULE

◯ One-time payment in _____ of _____

◯ I/We prefer to donate this amount over time:

First payment of $ _____ will be made in _____ of _____

Remaining payments to be made ◯ Monthly ◯ Quarterly ◯ Yearly

GIFT RECOGNITION

◯ My/Our names should appear as follows: _____

◯ This gift should remain anonymous

Special Notes: _____

_____ _____

Donor Signature Date Donor Signature Date

Thank you for your gift to the “Free to Dream” Campaign! Lost Creek UMC is a 501(c)(3) non-profit organization. Donations are tax deductible to the fullest extent allowed by law.