To Pledge or Donate Scan Here

RENEW & RESOUND

THE FUTURE OF THE SANCTUARY & ORGAN AT KIRK IN THE HILLS

Rebuilding for Worship. Renewing for Community.

MAKE YOUR PLEDGE TODAY!

Pledege Online | Mail It | Drop Off at the Welcome Center

Please choose your giving category below and then, complete *(on both sides)* and return the **Renew & Resound Pledge Card** at your earliest convenience. Your response will help us plan boldly and faithfully for the future of worship and ministry at Kirk in the Hills.

GIVING LEVELS:

☐	In Honor of Dr. Keith Provost	$
☐	Voices of Renewal	$1 - $24, 999
☐	Stewards of the Kirk	$25,000 – $99,999
☐	The Carillon Circle	$100,000 or more

MY/OUR TOTAL COMMITMENT IS: $

☐ I plan to donate stock. Please contact Jayne Zellers at jzellers@kirkinthehills.org

This pledge is a ☐ 1-year ☐ 2-year ☐ 3-year commitment

(Please select an option.)

Name(s)

Address

City/St/Zip

Cell Phone( ) - Home Phone( ) -

Email

Automatic Withdrawal

☐ I wish to make my **Renew & Resound** commitment using automatic withdrawal for the following account:

☐ Checking/Savings ☐ Credit/Debit

Name as it appears on the Account/Card:

I authorize Kirk in the Hills to keep my signature on file and to deduct from my account for the payment of my commitment. I direct that the sum of $ _____ be deducted from my account/card every:

☐ One Time Only (_____th of 2025 | 2026 | 2027)

☐ Week (every M T W Th F S Su) *(Please Circle an Option)*

☐ Month (_____th of each month)

☐ Quarter (_____th of July, October, January, and April)

☐ Two Years Annually (_____th of _____each year)

Please complete **EITHER** the Checking/Savings Withdrawal OR the Credit/Debit Authorization section below.

Checking/Savings Withdrawal Authorization

(Please attach a voided check)

Bank Routing # _____

Account# _____

Credit Card Authorization*

☐ Visa/Mastercard ☐ American Express ☐ Discover

Card# _____

Exp. Date _____ CVC _____

☐ Please help cover the 3% processing fee.

GIFT DESIGNATION (Optional) In memory / honor of:

RECOGNITION PREFERENCES Please list my/our name(s) as follows in donor materials: ☐ *I prefer to remain anonymous*

By signing this authorization, I confirm my understanding that I control my payments, and if at any time I decide to discontinue this service, I will notify the church and request cancellation. I understand all information will remain confidential.

Signature_____