

# Faith Pledge Card

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

In consideration of my interest in Faith Presbyterian Church, and as an expression of thanks for God's blessings to me, I promise to pay to the best of my ability as follows:

52 Weekly payments of \$ \_\_\_\_\_ per week totaling \$ \_\_\_\_\_

12 Monthly payments of \$ \_\_\_\_\_ per month totaling \$ \_\_\_\_\_

\_\_\_\_\_ payments of \$ \_\_\_\_\_ per \_\_\_\_\_ totaling \$ \_\_\_\_\_

Cash or Check herewith ----- \$ \_\_\_\_\_

Total Commitment ----- \$ \_\_\_\_\_

(This pledge may be changed due to financial circumstances.)

## Faith Presbyterian Church

PO Box 2668

Blue Ridge, GA 30513

The following pledge is gratefully acknowledged

Payable Cash \$ \_\_\_\_\_

\_\_\_\_\_ Payments of \$ \_\_\_\_\_

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Quarterly \_\_\_\_\_ Or \_\_\_\_\_

TOTAL PLEDGE \$ \_\_\_\_\_

BEGINNING \_\_\_\_\_

Please make check payable to:

**Faith Presbyterian Church**

\*Keep this portion for your records\*