



Generations of Faith

Five-Year Plans for Your Prayerful Consideration

My Commitment Weekend Pledge Card

1

My Information

Parish _____ Neighborhood _____

Full Name _____

Address _____

City/Town _____ Zip Code _____

Phone () _____ Email _____

2

I/we are pleased to make a pledge to Generations of Faith.
Please check one:

- Yes!** I/we agree to pledge today or increase my/our pledge
- Amen!** I/we have already made a pledge
- Praying!** I am/we are thinking about my/our decision

Please call me/us on Date: _____ Time: _____

3

Total Pledge Amount

- | | |
|---|---|
| <input type="checkbox"/> \$24,000 (\$400 per month) | <input type="checkbox"/> \$4,800 (\$80 per month) |
| <input type="checkbox"/> \$12,000 (\$200 per month) | <input type="checkbox"/> \$2,100 (\$35 per month) |
| <input type="checkbox"/> \$6,000 (\$100 per month) | <input type="checkbox"/> Other _____ |

Payable

- Monthly Quarterly Semi-Annually Annually

Beginning

Month _____ / year _____ for _____ years