

2024 Pledge Form

First Congregational Church UCC - Port Washington, Wisconsin

First Name(s): _____

Last Name(s): _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

<p>I / We plan to give to First Congregational Church</p> <p>\$ _____ each <input type="checkbox"/> week <input type="checkbox"/> month</p> <p>for an annual total of \$ _____.</p> <p><i>Your contribution may be changed at any time by contacting our Financial Administrator.</i></p>

Do you plan to utilize EFT (Electronic Funds Transfer)?

- Yes (*Please complete 2024 EFT Authorization Form on the back*)
- No

Do you want to receive pledge envelopes?

- Yes, weekly
- Yes, monthly
- No

(_____ I am not able to give at this time)

Other Information/Comments: _____

Signature: _____ Date: _____