

2025 Pledge Form

First Congregational Church Port Washington, Wisconsin

First Name(s): _____

Last Name(s): _____

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>

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

- Yes (*Please complete 2025 EFT Authorization Form on the back*)
- No

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

Other Information/Comments: _____

Signature: _____ Date: _____