

KIRK IN THE HILLS COMBINED PLEDGE FORM

ANNUAL GIVING & 75TH ANNIVERSARY CAMPAIGN

Kirk in the Hills is asking all members to consider two important requests this year: a pledge to our Annual Giving as well as a gift to the 75th Anniversary Campaign. An effort of this magnitude requires everyone to join together, and we hope you will prayerfully consider how your family may continue to support our church.

Name (Please Print):		Phone:	_Phone:	
Address:	City:	State:	_Zip:	
Preferred Email:				

I/We pledge the following annual gift	
for 2022:	

Total Gift Amount: \$____

- □ Please provide weekly offering envelopes.
- □ I/We plan to donate stock. Please contact Karen Bowman, controller, at
- kbowman@kirkinthehills.org. □ I am unable to make an annual pledge at this time.

Start Date:

ANNUAL GIVING PLEDGE

I/We intend to fulfill this pledge through payments of (check one):

Check Conline Giving	Stock 🛛 Other
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I/We would like to make payments based on the following frequency:

🗖 Weekly	🗖 Monthly	
(every Tuesday)	(20 th of each mo	

🛛 Quarterly

□ Annually

each month)

(20 th of Jan., April, July,	
& Oct.)	

(20th of _____each vear)

□ I/We have already made my Annual Giving pledgefor 2022.

I/We pledge the following gift to the 75 th Anniversary Campaign:		
Total Gift Amount:	\$	
Start Date:	/ Month Year	
I/We would like to include an initial payment.		
Gift Enclosed	🗆 Yes 🗖 No	
Total Amount:	\$	
Withdrawal Date:		

75th ANNIVERSARY CAMPAIGN PLEDGE

Payable Over (check one): 🗖 3 Years 🛛 5 Years				
I/We intend to fulfill this pledge through payments of (check one):				
□ Check □ On	line Giving 🛛 Stock	□ Other		
I/We would like to make payments based on the following frequency:				
□ Monthly	Quarterly	🗖 Annually		
(20 th of each month)	(20 th of Jan., April, July, & Oct.)	(20 th ofeach year)		

Please fill out the back page of this form if you would like to fulfill either pledge through online payment.

Thank you for your prayerful consideration!

Your official gift acknowledgement will be mailed to you in the next few weeks. If you have questions or would like assistance filling out this form, please contact the Business Office at (248) 973-8009 or kbowman@kirkinthehills.org.

ANNUAL GIVING PLEDGE FULFILMENT INFORMATION

Check: Make all checks out to Kirk in the Hills and include "Annual Giving - 2022" in the memo line.

Online Giving (check one): Credit/Debit Checking/Savings

Please complete **EITHER** the Checking/Savings section **OR** the Credit/Debit Authorization section below based on your indication above.

I/We direct that the sum of \$ be deducted f	from my card/account	
Amount	Fre	equency
Credit/Debit Card Withdrawal Authorization: Visa/Mastercard American Express Discover 	Checking/Savings Withdrawal Aut (Please attach a void check.)	horization
Name:	Name:	
Card #:	Routing #:	
Expiration Date: / Security Code:	Account #:	
75 th ANNIVERSARY CAMPAIGN PLEDGE FU	ILFILMENT INFORMATION	
□ I/We would like to fulfill my 75 th Anniversary Campaign p	ledge the same way as my pledge to	Annual Giving.
Check: Make all checks out to Kirk in the Hills and include "7	75 th Anniversary Campaign" in the me	mo line.
Online Giving (check one):	/Savings	
Please complete EITHER the Checking/Savings section OR th indication above.	e Credit/Debit Authorization section b	pelow based on you
I/We direct that the sum of \$ be deducted f	from my card/account	for years
Amount beginning Start Date	Frequency	# of years
Credit/Debit Card Withdrawal Authorization:	Checking/Savings Withdrawal Aut (Please attach a void check.)	horization
Name:	Name:	
Card #:	Routing #:	
Expiration Date: / Security Code:	Account #:	

All credit/debit card pledges include a 3% transaction fee. Check the box below if you would be willing to cover this fee on behalf of the Kirk. \Box Yes, I will cover the 3% transaction fee.

By signing this authorization, I direct that the sum(s) indicated on this form can be deducted from my account/card based on the frequency indicated on this form. I authorize Kirk in the Hills to keep my signature on file and to deduct from my account/card for the payment of my commitment to Annual Giving and/or the 75th Anniversary Campaign. 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 provided will remain confidential.

Signature:_____