

2017 Pledge Form

First Congregational Church - Port Washington, Wisconsin

First Name(s): _____

Last Name(s): _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

*Please prayerfully consider your financial contribution to the church
in grateful response to all that you have been given.*

**I/We plan to give to First Congregational Church
an annual total of \$_____.**

*Your contribution may be changed at any time by contacting our
Financial Administrator.*

Do you want to utilize an Electronic Funds Transfer (EFT)?

- Yes (Please complete a 2017 EFT Authorization Form)
- No

Do you want to receive pledge envelopes?

- Yes, weekly
- Yes, monthly
- No

Other Information/Comments: _____

Signed: _____ **Date:** _____