

# 2019 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  
Owen Madson, our Financial Administrator.*

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

- Yes (Please complete a 2019 EFT Authorization Form)
- No

Do you want to receive pledge envelopes?

- Yes, weekly
- Yes, monthly
- No

Other Information/Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_