

The First Congregational Church Wallingford, Connecticut

2018 Annual Pledge

For office use:

EFT _____

Prepaid _____

Rec'd _____

Printed name _____ Signature _____ Date _____

Would you like offering envelopes? Yes ____ No ____

FOR CHURCH SUPPORT

– to fund the annual operating costs of our congregation.

- | | | | | |
|--------------------------|--------------------|------------------|--------------------|---|
| <input type="checkbox"/> | Other _____ weekly | (_____ annually) | | |
| <input type="checkbox"/> | \$150 | weekly | (\$7,800 annually) | |
| <input type="checkbox"/> | \$125 | weekly | (\$6,500 annually) | |
| <input type="checkbox"/> | \$100 | weekly | (\$5,200 annually) | |
| <input type="checkbox"/> | \$75 | weekly | (\$3,900 annually) | |
| <input type="checkbox"/> | \$60 | weekly | (\$3,120 annually) | <input type="checkbox"/> Other _____ monthly _____ annually |
| <input type="checkbox"/> | \$50 | weekly | (\$2,600 annually) | <input type="checkbox"/> Other _____ annually |
| <input type="checkbox"/> | \$40 | weekly | (\$2,088 annually) | |
| <input type="checkbox"/> | \$30 | weekly | (\$1,560 annually) | |
| <input type="checkbox"/> | \$25 | weekly | (\$1,300 annually) | |
| <input type="checkbox"/> | \$20 | weekly | (\$1,044 annually) | |
| <input type="checkbox"/> | Other | weekly | (_____ annually) | |

FOR MISSION SUPPORT

– to support mission outreach in the community and the world.

2017 Outreach - \$35,750.

2018 Mission Goal - \$39,000.

- | | | |
|--------------------------|----------------|----------------|
| <input type="checkbox"/> | _____ weekly | _____ annually |
| <input type="checkbox"/> | _____ monthly | _____ annually |
| <input type="checkbox"/> | _____ annually | |

Electronic Fund Transfer (EFT) Option Yes ____ No ____

If yes, determine your monthly deduction:

Annual CS + Annual MS = Annual Total divide by 12 = Monthly Deduction

_____ + _____ = _____ / 12 = _____

- If you are new to the EFT option, complete the form on the reverse.
- If you are continuing the EFT option with the same bank account, simply sign above. You do not need to complete the other side nor provide a voided check.

You may return this form on Pledge Sunday, November 19, or return it to the office.

If there are changes to your contact information, please indicate them here:

Address _____ Phone _____ E-Mail _____