Pledge Form

Mission on the Move

God's work, God's gifts

Donor Information (please print or type)

Name	
Street address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	
Congregation Name	
Congregation (City/State)	

Preferred method of contact: ❑Regular mail ❑E-mail ❑Home Phone ❑Business Phone

Pledge Information

I (we) pledge a total of $_____ to be shared over the next three years:
_____ now _____ monthly _____ quarterly _____ yearly.

❑ This Gift will be matched by _____ (company/family/foundation).
____ form enclosed ____ form will be forwarded

❑ Please contact me to explore other giving options

Special acknowledgement information if applicable

This gift is made: ❑In honor of ❑In memory of: Name_____

Please acknowledge to: Name: _____
Address: _____

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

New Jersey Synod, ELCA
Mission on the Move
1930 State Highway 33
Hamilton Square, NJ 08690

Gifts are tax deductible in accordance with Internal Revenue Code