



BUILDING InterServ

PLEDGE CARD

Pledge Amount _____

Pledge Date _____

I/We will pay the balance of this pledge according to the following schedule:

Monthly Pledge Semi-Annually

Quarterly Annually (3-years)

First payment:

Enclosed To be received by: ___/___/___

This gift is in memory of:

I wish to make this gift anonymously.

Donor's Name _____

Address _____

City _____

State _____ Zip _____

Contact Phone: _____

E-mail _____

Donor Signature