

# Pledge Form



Please complete the information below:

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

I/We pledge to make a total gift of \$ \_\_\_\_\_ to Lutheran Metropolitan Ministry in support of the Workforce Training Center Capital Campaign.

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

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

Initial payment: \$ \_\_\_\_\_ Date to be paid: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Pledge payments to be remitted via:

- Check (Payable to Lutheran Metropolitan Ministry)
- Credit Card
- Stock Transfer
- Other

Pledge payment frequency:  Annually  Semi-Annually  Quarterly  Other \_\_\_\_\_

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_ Duration: \_\_\_\_\_

Please provide any additional pledge details:

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## Recognition

- Please list my/our name(s) in printed materials as follows: \_\_\_\_\_
- I/we would like to remain anonymous.

Note: All pledges are tax-deductible as prescribed by law.