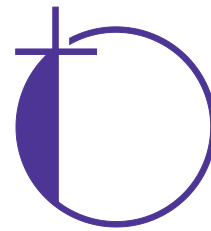


# MOUNT OLIVET LUTHERAN CHURCH

## 2017 Capital Campaign Pledge of Faithful Intent for the Minneapolis Campus East Addition and/or West Campus Addition



BUILDING  
on a **STRONG**  
FOUNDATION  
*with Christ as Our Rock*

**PHASE TWO**

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

### 1. FAITHFUL GIFT INTENTION

A 3-year pledge period is encouraged. Gifts of all sizes are appreciated!

This gift is above and beyond my/our regular giving.

- I/we faithfully pledge the total sum of \$ \_\_\_\_\_ to be given to the *Minneapolis Campus East Addition*
  - Fund for Furnishings
  - Construction
- I/we faithfully pledge the total sum of \$ \_\_\_\_\_ to be given to the *West Campus Addition*
- I/we faithfully pledge the total sum of \$ \_\_\_\_\_ to be given *Undesignated* to be used for the greatest need.

### 2. GIFT / PAYMENT INFORMATION

Please make gifts payable or transferable to "Mount Olivet Lutheran Church."

My/our pledge will be fulfilled in the following manner:

- Payments will be on a schedule for \_\_\_\_ years.
  - Weekly
  - Monthly
  - Quarterly
  - Annually
- I would like to make automatic payments via direct withdrawal or credit card. *Please complete form on other side.*
- Immediate full payment is enclosed: \$ \_\_\_\_\_
- Partial payment is enclosed: \$ \_\_\_\_\_
- Please charge my credit card for \$ \_\_\_\_\_:  Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

Signature \_\_\_\_\_

- Stock, insurance, matching gift, IRA gift, planned gift, or real estate gift.  
Please contact Mari Carlson 612.821.3150 [mcarlson@mtolivethomes.org](mailto:mcarlson@mtolivethomes.org).

### 3. ADDITIONAL GIFT INFORMATION (if any)

\_\_\_\_\_  
\_\_\_\_\_

### 4. SIGNATURES

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

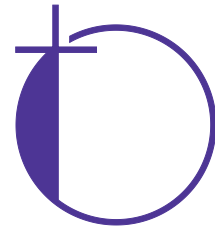
Date \_\_\_\_\_

For questions regarding **WAYS TO GIVE**, please contact Mari Carlson 612.821.3150 [mcarlson@mtolivethomes.org](mailto:mcarlson@mtolivethomes.org).  
For questions regarding **ONLINE GIVING** or setting up **AUTO-PAY**, please contact Amy Nelson 612.767.2255 [amyn@mtolivet.org](mailto:amyn@mtolivet.org).

*Your gift is part of the abundant grace of God at work in the world. You reflect God's love for the world. Thank you!*

# MOUNT OLIVET LUTHERAN CHURCH

## AUTO PAY for 2017 Capital Campaign Pledge(s)



BUILDING  
on a **STRONG**  
FOUNDATION  
*with Christ as Our Rock*

PHASE TWO

If you would like to participate in the convenient Auto Pay program and have your pledge amount electronically transferred from your checking account or paid by a credit card, please complete the section below. You **MUST** authorize the **TOTAL MONTHLY** amount below for paying your pledge.

**1. Please transfer:** \$ \_\_\_\_\_ (my MONTHLY pledge)  
beginning \_\_\_\_\_ (month).

**2. Transfer payment on the:**

- 1st of each month
- 15th of each month
- Semi-monthly

**3. Transfer payment directly from:**

CHECKING ACCOUNT

- Bank information already in church files
- New or updated checking account (attach voided check)

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

CREDIT CARD

- Credit card information already in church files (please check expiration date)
- New or updated credit card information:  Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

**4. AUTHORIZATION & SIGNATURES**

I (we) authorize Mount Olivet Lutheran Church to initiate entries to my checking/credit card account. This authority will remain in effect until I notify the church in writing to cancel it in such time as to afford Mount Olivet a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_