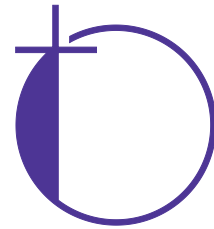


MOUNT OLIVET LUTHERAN CHURCH

2018-19 Capital Campaign Pledge of Faithful Intent for the West Campus Addition



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

“A wise man built his house on rock. The rain fell, the floods came, and the winds blew and beat on that house, but it did not fall, because it had been founded on rock.” – MATTHEW 7:24-25

Name(s) _____

Phone Number(s) _____

Email Address(es) _____

Street Address _____

City, State, Zip _____

1. FAITHFUL GIFT INTENTION

I/we commit to supporting Mount Olivet Lutheran Church through its capital campaign that will bring *education, music, youth, hospitality, administration, and more worship space together under one roof at the West Campus* in Victoria.

My / our capital campaign giving is above and beyond my/our annual giving.

I/we faithfully pledge the total sum of \$ _____ to be given as described in #2 and #3 below.

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:

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 _____

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.*

Stock, insurance, matching gift, IRA gift, planned gift, or real estate gift.

Please contact Mari Carlson 612.821.3150 mcarlson@mtolivethomes.org.

3. ADDITIONAL GIFT INFORMATION (if any)

4. SIGNATURES

Signature _____

Date _____

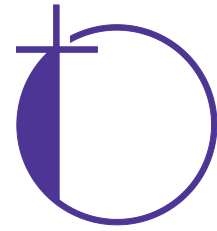
Signature _____

Date _____

*For questions regarding **WAYS TO GIVE**, please contact Mari Carlson 612.821.3150 mcarlson@mtolivethomes.org.
For questions regarding **ONLINE GIVING** or setting up **AUTO-PAY**, please contact Tricia Lerohl-Morgan 612.767.2255 tricial@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!

AUTO PAY for 2018-19 Capital Campaign Pledge for the West Campus Addition



BUILDING
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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 _____