

Contact Informa	ation				
Name:					
Billing Address:					
City:		State:	Zip:		
Email:	Preferred Phone:				
2025 Stewardsh	ip Campaign Pled	ge			
Please record my/our	pledge for 2025 as follo	ows:			
	Fourth Church	Chicago Lights	Total Annual	Pledge	
2025 Pledge \$.		\$		
	_	equal installments			
Weekly	0	0			
Monthly	•	•			
Quarterly	0	0			
One time	0	0			
2025 Automatic	Pledge Payment I	nformation			
DIRECT DEBIT : Plea	se deduct my/our gift fr	rom this bank account:	checking	savings	
Routing Number:		Account Number: _			
CREDIT CARD : Pleas	se deduct my/our gift fro	om this credit card:			
Card Number:		Exp. Date (mm/yy):	CVV:		
I authorize Fourth Pre information provided	•	arge my/our account in ac	ccordance with t	the	
Account Holder Signature:			Date:		

To set up an automated gift schedule, please complete this form and email it to Andrea Miller at amiller@fourthchurch.org. Automated gifts begin in January 2025. Weekly charges occur on Mondays, monthly charges occur near the 20th of each month.

Questions? Please email giving@fourthchurch.org