

UMOJA CHRISTIAN CHURCH
2990 W. 71st Street
Indianapolis, Indiana 46260

CAPITAL CAMPAIGN PLEDGE FORM

YES, I want to be obedient to God's great commission and make a difference in the lives of His people in the greater Indianapolis, Indiana community. I pledge a tax-deductible amount to the UMOJA CHRISTIAN CHURCH CAPITAL CAMPAIGN.

My 5- year pledge and commitment is \$50,000 \$25,000 \$10,000

My 2- year pledge and commitment is \$5000 Other _____

My 2-Year pledge and commitment is \$3000 Other _____

I prefer to give on a weekly, bi-weekly, or monthly basis by check, cash or money order. (Please circle intended giving frequency)

I prefer to write a check to the UCC for \$ _____
(Please make the check payable to the UMOJA Christian Church Capital Campaign, 2990 W. 71st Street, Indianapolis, IN 46260)

I prefer to give electronically through Electronic Funds Transfer (EFT).

Please complete the information below and see reverse for EFT details.

Signature _____ UCC Member # _____

Printed Name _____

Telephone _____

Address _____

Email _____

Date _____

My gift will be matched by my spouse or another family member or friend.

UMOJA CHRISTIAN CHURCH
2990 W. 71st Street
Indianapolis, Indiana 46260

CAPITAL CAMPAIGN PLEDGE FORM

YES, I want to be obedient to God's great commission and make a difference in the lives of His people in the greater Indianapolis, Indiana community. I pledge a tax-deductible amount to the UMOJA CHRISTIAN CHURCH CAPITAL CAMPAIGN.

I prefer to give electronically (EFT).

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. (Adopted from NACHA 2005).

I authorize Umoja Christian Church to initiate electronic debit entries to my checking or savings account as indicated below:

The **bi-monthly** amount of _____ beginning on the _____
(15th OR 30th)
of _____, to occur on both the 15th **and** 30th thereafter.
(month/year)

The **monthly** amount of _____ beginning on the _____
(the 15th OR the 30th)
of _____, to occur **as designated** once monthly thereafter.
(month/year)

Signature _____

Printed Name _____

Banking Institution _____

Banking Institution City and State _____

Bank Routing Number _____

Checking Account # _____

Savings Account # _____

PLEASE NOTE THAT A VOIDED CHECK OR DEPOSIT SLIP IS REQUIRED