



**DONOR INFORMATION**  
*(Complete information below)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell (1): \_\_\_\_\_  
Cell (2): \_\_\_\_\_  
Email (1): \_\_\_\_\_  
Email (2): \_\_\_\_\_

**CAMPAIGN PLEDGE**

Yes, I will pledge to Saint Helena's *Beacon of Light* capital Campaign. *(pledges are payable over a three-year period.)*

Pledge Amount: \_\_\_\_\_

Initial Payment: \_\_\_\_\_

*(Please consider giving 10-20% initially)*

Pledge Balance: \_\_\_\_\_

My gift will be matched by my company:

\_\_\_\_\_

**TIMING OF GIFT**

I intend to pay the balance as follows:

Monthly     Quarterly     Annually

Date of first payment: \_\_\_\_\_

**METHOD OF PAYMENT**

- Cash/check (payable to Church of Saint Helena)
- Credit Card (see below)
- Automatic Withdrawal (see below)
- Stock
- Life Insurance
- IRA Disbursement
- Other: \_\_\_\_\_

**For your security, credit card and automatic withdrawal payments must be set up at [www.sainthelena.us](http://www.sainthelena.us)**

**SIGNATURE**

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

***Please type name.***

*Thank You!*

Please print your name as you would like it to appear in any campaign recognition materials:

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

I want my gift to remain anonymous.

***Please direct questions to***

Lisa MacKenzie

Business Administrator

St Helena Church of Minneapolis

Office 612.729.7344

Direct 612.729.7322

**SUBMIT**