



Pledge Form

Faith Outreach Christian Life Center, Inc.
2664 Willis Foreman Road, P. O. Box 1109, Hephzibah, GA 30815

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid:
___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded.

Please make checks, corporate matches, or other gifts payable to:

Faith Outreach Christian Life Center, Inc.