



TRINITY TOMORROW PLEDGE FORM

DONOR INFORMATION:

☐ Mr. ☐ Dr. ☐ Rev. ☐ Mrs. ☐ Miss ☐ Ms.

First Name: _____ M.I.: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

☐ home ☐ work ☐ mobile

Email: _____

Birthday (month/day): _____

SPOUSE INFORMATION (if applicable):

☐ Mr. ☐ Dr. ☐ Rev. ☐ Mrs. ☐ Miss ☐ Ms.

First Name: _____ M.I.: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

☐ home ☐ work ☐ mobile

Email: _____

Birthday (month/day): _____

PLEDGE INFORMATION:

Total Pledge Amount: \$ _____

Start Date: _____ Time Frame: _____ years

☐ \$ _____ Monthly ☐ \$ _____ Quarterly ☐ \$ _____ Annually

☐ \$ _____ Single Gift

Gift Note: _____

☐ My gift is given in memory of: _____

☐ I anticipate my gift coming from a third-party financial institution.

Name of Institution: _____

☐ My gift will be matched by (Organization Name): _____

TRINITY LUTHERAN CHURCH MAY PUBLICLY ACKNOWLEDGE MY COMMITMENT: ☐ YES ☐ NO

Donor Signature(s) _____ Date: _____

_____ Date: _____

Thank you for your charitable contribution!

Trinity Lutheran Church is a 501(c)(3) not-for-profit organization – EIN 38-1370977

Donations are tax-deductible to the extent allowed by law.

315 SCOTT STREET, MONROE, MI 48161 | tlcmonroe.org | (734) 241-1160