

# Pledge Form



Please clearly print all information.

## Donor Names

1)  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_

2)  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Contribution Information

I (we) pledge a total of \$ \_\_\_\_\_ to the Capital Campaign.

Signature 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature 2 \_\_\_\_\_ Date \_\_\_\_\_

## Permission To Publish

Yes, you may publish my (our) name(s) and donation level.

Name(s) as you wish it (them) to appear. \_\_\_\_\_

No, my (our) contribution is anonymous.

## Please Complete Payment Information on Other Side

phone 703.979.4466

fax 703.979.4468

[www.etzhayim.net](http://www.etzhayim.net)

2920 Arlington Boulevard  
Arlington, Virginia 22204



# Pledge Form

*continued from other side*

## Payment Information

See Capital Campaign payment schedules for estimated monthly payments, which should be paid within **five** years.

I (we) plan to contribute by:

**Check**

This is a one-time payment of \$\_\_\_\_\_.

Please bill me for \$\_\_\_\_\_ annually until the balance of my pledge is paid in full.

Please make checks payable to Congregation Etz Hayim.

**Credit Card**

Please charge my credit card \$\_\_\_\_\_ monthly until the balance of my pledge is paid in full.

Please charge my:  Mastercard  Visa  Discover

Name as it appears on card \_\_\_\_\_

Credit card billing address \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

**Direct Debit**

Please attach a voided check for a checking account OR a deposit slip for a savings account.  
(A deposit slip for a checking account can NOT be accepted.)

I authorize Congregation Etz Hayim to initiate **monthly** debits against the bank account at the financial institution indicated on the voided check or savings account deposit slip I provide. I also authorize my bank to accept these debits initiated by Congregation Etz Hayim that pertain to my Capital Campaign pledge.

I wish to have \$\_\_\_\_\_ debited monthly from my account.

This authorization is to remain in effect through the month of \_\_\_\_\_ (MM/YYYY).

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

**Assets**

For asset transfers, please contact Marcy Burka at 703-979-4466.

Congregation Etz Hayim does not provide tax or legal advice. You are encouraged to seek independent tax and legal advice when making a gift to the Capital Campaign.