



# Parsonage Fund Commitment Card

Bluffton United Methodist Church

**Donor Information (please print or type and return by March 15, 2009)**

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
E-Mail	

**Commitment Information (to be paid in 2009)**

I (we) will pledge a total of \$\_\_\_\_\_ to be paid: \_\_\_\_ in one payment \_\_\_\_ monthly \_\_\_\_ quarterly

**Acknowledgement Information**

Please use the following name(s) in all acknowledgements (please print of type):

\_\_\_\_\_

\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)	Date
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