



## Annual Pledge Card

Name(s): \_\_\_\_\_  
Street: \_\_\_\_\_  
City, St. Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Additional Opportunities

- ☐ I am considering a gift other than suggested, please contact me.
- ☐ I am considering volunteering, please contact me.
- ☐ I will commit to pray for this ministry.

All Gifts to Good Sam are  
Tax Deductible  
P.O. Box 206  
Ellsworth, MI 49729

## My Generous Gift:

- ☐ \$1,000   ☐ \$750   ☐ \$500   ☐ \$250   ☐ \$100   ☐ Other \$ \_\_\_\_\_
- ☐ One-time gift   ☐ Monthly (please complete "My Monthly Gift" section below)
- ☐ My check made payable to Good Samaritan Family Services is enclosed
- ☐ Debit Card   ☐ Visa   ☐ MC   ☐ Disc   ☐ Amex
- Card # \_\_\_\_\_ Expiration Date (MM/YYYY) \_\_\_\_\_ Security Code \_\_\_\_\_
- Signature \_\_\_\_\_

## My Monthly Gift:

- ☐ Yes, I authorize Good Samaritan Family Services to debit \$\_\_\_\_\_ from my account on the 10<sup>th</sup> of each month.
- ☐ Yes, I authorize Good Samaritan Family Services to withdraw \$\_\_\_\_\_ from my credit card once each month.

I understand that this agreement can be changed by me at any time by notifying the ministry. I have provided the necessary banking information to begin the transfer program. His House may use the banking information on the enclosed check to begin the transfer program.

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