

# Good Samaritan Family Services

Serving the Lord by reaching those in need.



## 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 \_\_\_\_\_