



## **Campaign Pledge Commitment Form**

Name(s) (please print):			
Address:		City:	
State: Zip:	Phone:	E-mail:	
	PLEDGE or G	IFT INFORMATION	
Total pledge amount: \$	to support t	he Campaign. Enclosed is \$	toward my pledge.
Balance payable as follows (up	p to 3 years):		
annual payments o	fbeginn	ning/(mo./yr.)	14
Or other payment schedule: _			
For recognition purposes, this	s gift is from (first and las	st names):	
This pledge/gift is ano	nymous.		
This pledge/gift is in h send a note to the follo	onor/memory of owing address informing	the family of our gift: (The letter will	Please not include the amount.)
I am interested in talki	ng with someone about i	ncluding Duke Memorial in my/our o	estate plans.
I have already included	l Duke Memorial in my/o	our estate plans.	
Signature:		Date:	
For gifts of securities, real esta Rodrigues at heather@dukem		any other campaign questions, please	contact Pastor Heather

## THANK YOU FOR YOUR SUPPORT!

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