SHININGOURLIGHT

PLEDGE FOR 2021

Name
Address
Preferred Phone(s)
Email
To help shine God's Light brightly, I commit myself to keeping covenant faith, praying for the grace to trust my life to God and striving to honor the practice of proportional giving.
In thanks for God's blessings, I/we will give \$
☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually You may, if necessary, change or cancel at any time.
Please mark as appropriate:
☐ I /we do not need envelopes as gifts will be made electronically.
☐ I /we do want envelopes.
Office Use Only—Emergency Contact Information
Your Name(s):
Other than spouse, Name & relationship of Person to contact in case of an Emer-
gency:
Telephone number(s) of Emergency Contact: