



# 2019 Goals for Giving and Support

FAMILY NAME \_\_\_\_\_ FIRST NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

OUR/MY COMMITMENT IS:  WEEKLY  MONTHLY AMOUNT \_\_\_\_\_

*(Please check one.)*

SEMI-ANNUALLY  ANNUALLY

We/I would like to contribute by online bank draft. *(The Financial Secretary will contact you for bank draft information.)*

We/I uphold our membership vows with our:  Prayers  Presence  Gifts  Service  Witness