



# Pledge Form

## Mt. Olive Missionary Baptist State Convention Camp Patten Auxiliary

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### Church Pledge Information

- This Church pledges **\$100** per month.  
 This Church pledges **\$200** per month.  
 This Church pledges **\$\_\_\_\_\_** per month.  
 This Church pledges **3%** of its tithes and offering each month.

### Individual Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_\_ now \_\_\_\_ monthly

I (we) plan to make this contribution in the form of:  
\_\_\_\_ cash \_\_\_\_ check \_\_\_\_ money order

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded

Signature(s)
Date

### Payment Information

- **Please make checks, corporate matches, or other gifts payable to:**  
Camp Patten
- **Please send checks and completed pledge form to:**  
Camp Patten  
c/o Shirley Ragin  
5600 Chelton Ct. NE  
Albuquerque, NM 87111-6627