

**Cross of Hope Church and Schools
2017-2018 Pledge Card**

Name(s):
Address:
Envelope Number:

Understanding that all we possess is a gift from God,
and knowing that God delights in multiplying the gifts of
His Children, we have heard God's calling and joyfully
respond with our offering of \$ _____ to be given as
\$ _____ Each week for 52 weeks, OR,
\$ _____ Bi-Weekly for 26 weeks, OR
\$ _____ Monthly for 12 months, OR
\$ _____ Quarterly for four quarters, OR
As follows: \$ _____ for _____

Cross of Hope Lutheran
Church and Schools



Reaching Out to Grow
Hope-Filled
Followers of Jesus!

Please return one copy and keep the second copy for your records. This is a statement of intent and may be altered as circumstances warrant. Please let the Financial Secretary office@crossofhope.org know of any needed changes.

Type of giving selected: (Circle one of the below)

[Simply Giving](#) Electronic Bill-Pay Giving Envelopes United Way @Pay 505-629-4012

Thursday, March 16, 2017 T drop/stewardship/stewardship 2017/Pledge cards 2 up 2017-2018

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