



Faithful Witness for a New Century
Campaign for the Future of MFSA

(Please copy and mail completed for to address at the bottom of page. Alternatively, call the national office and we will take your pledge over the phone. Automatic withdrawal and credit card gifts are accepted)

Letter of Intent

Believing in the importance of the Faithful Witness Campaign, I/we commit:

Total Amount of Gift: \$ \_\_\_\_\_ Initial Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Payment Frequency Schedule (please check):

One-Time Monthly Quarterly Semi-Annually Annually

Other: \_\_\_\_\_ Date of First Payment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Schedule (please check):

One-Time 1 Year 2 Years 3 Years 4 Years 5 Years

Please Print:

Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Methods of Payment:

1. Check: Make payable to "MFSA Faithful Witness Campaign" and mail to address below

2. Credit Card Payments:

One Time Gift: \_\_\_\_\_ Charge this one-time gift of \$ \_\_\_\_\_ to my/our credit card (information below)
OR

Automatic Withdrawals:

I/We authorize an automatic transfer from my credit card as indicated above (i.e. monthly, quarterly, semi-annually, etc.)

I/We understand that my credit card statement will serve as my/our receipt and that I/we can cancel this automatic transfer at any time by contacting the MFSA office.

CREDIT CARD INFORMATION Visa or MasterCard Expiration date \_\_\_\_/\_\_\_\_

Card number \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Gifts are tax deductible to the extent provided by law