

# Passages Pledge Form

## Donor Information (please print or type)

Name or Congregation \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Email \_\_\_\_\_

## Pledge Information

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

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

## Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_  
\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks,  
or other gifts payable to:  
Dripping Springs Church of Christ

Please write the following in the memo section  
of the church:

Bible Passages Ministry

Please mail all  
Contributions to the this  
Address:

Dripping Springs Church of Christ  
c/o Dripping Springs church of Christ  
P.O. Box 1  
Dripping Springs, Texas 78620