

## Name:\_\_\_\_\_\_

Your gift supports the work of our Foundation!

Phone:	Email:

City/State/Zip:\_\_\_\_\_

	I would like to make a gift in honor / memory of:	
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- Please accept my one-time gift in the amount of \$\_\_\_\_\_\_
- □ I pledge a monthly gift of \$\_\_\_\_\_ for \_\_\_\_ months, totaling \$\_\_\_\_\_
- ☐ Check is enclosed made payable to East 91<sup>st</sup> Street Christian Church Foundation

Mail this form and payment to: East 91<sup>st</sup> Street Christian Church Foundation

PO Box 50704

Indianapolis, IN 46250