Contact Information				
Name:				
Billing Address:				
City:		State:	Zip:	
Email:		Preferred Phone:		
2026 Stewardship Can	npaign Pledge			
Please record my/our pledge for	or 2026 as follows	:		
Fou	ırth Church	Chicago Lights	2026	Total Pledge
to be given Weekly Monthly Quarterly One time		\$	_ \$	
2026 Automatic Pledge	e Payment Info	ormation		
DIRECT DEBIT : Please deduc	t my/our gift from	this bank account:	checking	savings
Routing Number:		Account Number:		
CREDIT CARD : Please deduct	my gift from this	credit card:		
Card Number:		Exp. Date (mm/yy)	:	CVV:
I authorize Fourth Presbyteriar provided above.	n Church to charge	e my account in accor	dance with th	ne information
Account Holder Signature:			Date:	
Monthly charges occur near the change an automated gift sche			-	· · · · · · · · · · · · · · · · · · ·

Questions? Please email giving@fourthchurch.org