

ALL SOULS UNITARIAN UNIVERSALIST CHURCH PLEDGE FORM

Today's Date: _____

Phone Number: _____

Name(s): _____

Email Address: _____

To support the work of All Souls Unitarian Universalist Church of Shreveport for the 2017 calendar year, I/we pledge: \$_____ per year / month (circle one)

*I/we understand that this pledge may be revised or cancelled at any time if our circumstances change.
All information provided will be kept confidential.*

Signature(s)



This represents an increase in my pledge over last year.

For Office Use Only (2017)

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Recorded By _____

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