CROSS OF CHRIST

STAINED GLASS REPAIR & PRESERVATION PLEDGE FORM

Donor Information

Name _____ **Name(s)** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number _____ **Email Address** _____

Support the Stained Glass Repair & Preservation

I (we) pledge a total of: $ _____ **in support of the fundraising drive.**

I wish to spread my donation over the following years:

Year	2025	2026	2027 (spring)
Contribution	$	$	$

Signature _____ **Date** _____

This pledge is a commitment to give the amount specified.

Contribution Information

☐ **I would like my gift to be anonymous**

☐ **Check – Make checks payable to: Cross of Christ | 204 S. Chase Street, Houston, MN 55943**

If you are interested in giving by the following methods, please get in touch with Patrick Forsyth, Financial Administrator, at 507-896-3030.

☐ **Required Mandatory Distribution (RMD)** ☐ **Qualified Charitable Distribution**

☐ **Donor Advised Fund** ☐ **Charitable Trust** ☐ **Stock Transfer**

☐ **Other (describe)** _____