



YOUR PRESENCE CHANGES THINGS

2025 COMMITMENT FORM

First Name _____ Last Name _____ Phone _____

Address _____

Email _____

If this pledge is a joint or family pledge, the additional family members to which this pledge should apply includes:

I/we commit to payments in the amount of: \$ _____
I/we commit to payments every (check one) Week Month Quarter Year
Payment method (check one): Cash Cheque Etransfer PAR

Check any that apply:

- _____ I would like to set up automatic payments (PAR) YES/No Please contact me to help.
- _____ I would like more information about Planned Giving
- _____ I have made a plan to give in my will. YES/NO please contact me for more information about my plan.
- _____ I would like to share my money story how this community has shaped me
- _____ I'm giving more this year knowing there are many in our faith community that have fewer financial resources this year.

Check any that apply. I/we commit to:

- _____ Greet members on Sunday as they arrive Weekly Biweekly Monthly
- _____ Ask visitors to sign the guest book on Sunday Weekly Biweekly Monthly
- _____ Bring cookies or squares on Sunday Weekly Biweekly Monthly
- _____ Make coffee/tea on Sunday after the service Weekly Biweekly Monthly
- _____ Call another member of Emmanuel Weekly Biweekly Monthly
- _____ Visit another member of Emmanuel Weekly Biweekly Monthly
- _____ Greet members on Sunday as they arrive Weekly Biweekly Monthly

Signature _____