Rooted in Compassion • Growing in Service
St. Andrew's Campaign for the Community

STATEMENT OF GIFT INTENT

This document is an understanding between the St. Andrew Community and _____

I/We pledge the sum of $_____, payable over three years, to support St. Andrew's Campaign for the Community. This is a gift of: ☐ Cash ☐ VISA/MC/Discover ☐ Other _____

I/We will fulfill this pledge in this manner:

Single payment $_____

Initial payment $_____

Balance $_____ Payable Over _____years

2009 Amount:_____
2010 Amount:_____
2011 Amount:_____

Payments to be made: ☐ Annual ☐ Quarterly ☐Monthly Beginning _____ month of _____ year

I/we would like payment reminders ☐ Envelopes ☐ Email _____

☐ I/We will initiate automatic "Bill Pay" at my bank. It is important to name Payee as **St Andrew Campaign** and have payments sent to 806 NE Alberta Street Portland, OR 97211

I/we wish to make # _____ of payment(s) of $_____ on my/our credit card starting _____(month/year). The recurring payment will be on or about the 15th day of the month.

Full Name as it appears on the credit card_____

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Security Code ☐☐☐

Card Type (please circle): VISA / MC / Discover Expiration Date: Month _____Year_____

Other instructions: _____

I/we allow public acknowledgement of my/our gift. ☐Yes (Pledge amounts will not be public.) ☐ No

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Name(s)

Street Address Is this your credit card billing address? ☐Yes ☐No

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City State Zip Email Address

Primary Phone is ☐Home ☐Work ☐Cell Secondary Phone is ☐Home ☐Work ☐Cell

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Signature Date

Signature Date

Please make your Tax Deductible Gift Payable to: St. Andrew Capital Campaign
806 NE Alberta Street Portland, OR 97211

For questions, please call Lisa Hatten (503) 880-0116 or Paul Olson (503) 282-1186

Updated on 1/7/09