



**Mississippi Southern Second Jurisdiction
2007 Saints United Campaign
Pledge Form**

Full Name _____ **DATE** _____

Mailing Address _____

City _____ State _____ ZIP _____

Home Phone _____ E-mail _____

Other Phone _____ Fax _____

LOCAL CHURCH INFORMATION

Local Pastor's Name _____

Local Church Name _____

Physical Address _____

Mailing Address _____

City _____ State _____ ZIP _____

District _____

PLEDGE INFORMATION

Who should receive credit for this Pledge? ... Check One (*Personal*) _____ (*Church*) _____

Total Amount of Pledge _____

How payments will be made? **Annual** _____ **Semi-annual** _____ **Quarterly** _____ **Monthly** _____

Expect date(s) of payments (Month) _____

MY PAYMENT SCHEDULE

Pledge of \$ _____ to be paid in _____ payments of \$ _____

Payment 01—\$ _____ Date _____ Payment 07—\$ _____ Date _____

Payment 02—\$ _____ Date _____ Payment 08—\$ _____ Date _____

Payment 03—\$ _____ Date _____ Payment 09—\$ _____ Date _____

Payment 04—\$ _____ Date _____ Payment 10—\$ _____ Date _____

Payment 05—\$ _____ Date _____ Payment 11—\$ _____ Date _____

Payment 06—\$ _____ Date _____ Payment 12—\$ _____ Date _____

Please send me reminders during the months circled below.

January February March April May June July August September October November December

MAIL TO: Mississippi Southern Second Jurisdiction P O BOX 172 HATTIESBURG MS 39403-0172		FAX TO: Jurisdictional Secretary 601-213-1318 Treasurer..... 866-406-2376	
SCANNED BY / DATE	POSTED BY / DATE	FILED BY / DATE	PAID IN FULL DATE