

Name:	first		spouse			
Organization Name:			·			
				JII		
Address:						
Email:	Phone:					
I/we accept the Challenge* to adv project by pledging our financial s			hrough the DN	ICS Capital	Cam	paign
\$ tota	al commitment to	o be paid as follo	ws:			
☐Cash gift now. Enclosed is my	gift of \$,	Check #			
Pledge to be paid over a y	year period in in	crement of \$	per 🗖 mo	onth quarte	er□ye	ar
beginning (month)	, 20_	and ending	(month)		_, 20	
I agree to the above pledge						
ignature			date			
Phase 1. To help meet this challe this phase of the campaign! Electronic Auto-Withdrawal Inform		, 3				
Print Name:			Date:			_
I have authorized Des Moines Chr my account on the 15th day of eac will be transferred on the next bus this monthly transfer as indicated I the same as if it were a regular ch remain in effect for the period state payments.	ch month. If pay iness day. I req below. I agree th eck drawn on th	ment date lands of luest and authorized nat rights of DMC ne bank and signer	on a holiday or se DMCS to ch S in respect to ed by me perso	weekend, to arge my bas such a transonally. This	the ar ink ac nsfer s autho	mount count shall be ority is to
Month/year to begin transfer:	, 20	_ month/year to e	end transfer: _	, 2	20	*
Dollar amount of transfer: \$	/month x _	months = \$ _		_ total gift.		
* Please make this a recurring mo	nthly auto-paym	nent until I reques	t in writing to e	end paymen	ıts.	
Signature:						
			-			
	riease attach	a voided check				

Please return to Des Moines Christian School Development Office, 13007 Douglas Pkwy, Ste 100, Urbandale, IA 50323. Contact Samona Yentes, Development Director, at (515) 252-2497 or syentes@dmcs.org with questions about alternate payment arrangements.

