

# MY GIVING POTENTIAL

Given Monthly	1 Year Total
\$4,000	\$48,000
\$3,000	\$36,000
\$2,000	\$24,000
\$1,600	\$19,200
\$1,200	\$14,400
\$1,000	\$12,000
\$600	\$7,200
\$400	\$4,800
\$300	\$3,600
\$240	\$2,880
\$200	\$2,400
\$160	\$1,920
\$120	\$1,440
\$100	\$1,200
\$75	\$900
\$50	\$600
\$40	\$480



6540 Sylvan Rd.  
Citrus Heights, CA 95610

# MY COMMITMENT

NAME	
EMAIL	PHONE
ADDRESS	

If your commitment is to GIVE, please fill out the information below.

I prayerfully commit to step out in faith financially and pledge the following amount

WEEKLY     MONTHLY     QUARTERLY     ANNUALLY

My current giving: \$ \_\_\_\_\_

My additional recurring pledge: \$ \_\_\_\_\_

My new total recurring giving: \$ \_\_\_\_\_

My one time offering: \$ \_\_\_\_\_

Gift other than cash: \_\_\_\_\_  Please call me.

*Please provide a brief description.*

ELECTRONIC DEBIT FINANCIAL INSTITUTION

ROUTING #

ACCOUNT #

CREDIT CARD#

MASTERCARD     VISA     DISCOVER     AMEX    CVC    EXPIRES / /

NAME THAT APPEARS ON THE CARD:

FREQUENCY     WEEKLY     MONTHLY    START DATE / /

I authorize Heights Church to process debit entries to my account according to the instructions above. This authority will remain in effect until I give written notice to change or cancel or until my pledge is fulfilled.

SIGNATURE (REQUIRED) \_\_\_\_\_ DATE / /

SCAN BELOW  
to fill out your  
Commitment Card  
electronically.

