



Pledge Form

Unitarian Universalist Fellowship of Longview

Justice, Equity and Compassion

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid:

___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:

___ cash ___ check

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

UU Fellowship of Longview
PO Box 3451
Longview, TX 75606