**2025 PLEDGE FORM**

**SUPPORT OF INDIAN NATIONS PRESBYTERY**

|  |  |
| --- | --- |
| Church Name | Pin# |
| Address |
| City / State / Zip Code |

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|  |

Signature, Clerk of Session

Estimate of undesignated giving 2025: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional designated giving to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Additional gifts can be channeled through the INP office to the mission(s) of your choice).

Time and Talent: Please list the names and contact information of members of your congregation that are willing and able to serve in leadership and on committees of INP. If you have additional names please list them on the back of this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone #** | **Email Address** |
|  |  |  |  |
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 Comments: We encourage your input regarding the operations and business of INP. How can we meet your expectations and regain the trust of the member churches of INP?

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*Please provide a copy of this form to the church treasurer, keep a copy for your session’s records,*

 *and send the original form to the presbytery office. Thank you!*