



**GREEK ORTHODOX METROPOLIS OF CHICAGO FOUNDATION  
PLEDGE CARD**

I/We would like to support the Greek Orthodox Metropolis of Chicago Foundation with the following pledge:

**PLEDGE AMOUNT**

\$ \_\_\_\_\_  
Total Pledge Amount

**TERM**

I/We will fulfill this pledge on the following payment schedule (CHECK ONE):

\_\_\_\_\_ MONTHLY                      \_\_\_\_\_ ANNUALLY  
\_\_\_\_\_ QUARTERLY                    \_\_\_\_\_ ONE TIME PAYMENT  
\_\_\_\_\_ SEMI-ANNUALLY                \_\_\_\_\_ OTHER (Please explain below)

Payments will begin on this date: \_\_\_\_\_

**METHOD OF PAYMENT**

\_\_\_\_\_ CHECK                              \_\_\_\_\_ SECURITIES  
\_\_\_\_\_ ACH                                      \_\_\_\_\_ LIFE INSURANCE  
\_\_\_\_\_ CREDIT/DEBIT CARDS                \_\_\_\_\_ OTHER (Please explain below)

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**OPTIONAL FORMAL DONOR AGREEMENT**

\_\_\_\_\_ Yes, I want a formal donor agreement documenting this pledge.

**DONOR INFORMATION**

Name(s) of Donors: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**DONOR RECOGNITION INFORMATION**

I/We would like the following persons to be given recognition for this donation:

- \_\_\_ The Donor(s) as stated in above Donor Section
- \_\_\_ Anonymous (I wish for my name to remain anonymous)
- \_\_\_ Memorial (Please specify) \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**DONOR SIGNATURE**

I/We agree to fulfill this pledge in accordance with the terms stated herein:

Donor Signature: \_\_\_\_\_

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SUBMIT YOUR PLEDGE CARD TO VICKI PAPPAS KARL at  
vkarl@chicagometropolis.org.**