

Follen Church Society
755 Massachusetts Ave.
Lexington, MA 02420
781-862-3805/Fax: 781-862-8035
www.follen.org

Follen Annual Fund Drive
For the fiscal year July 1, 2012-June 30, 2013

Donor Name: _____

Second Donor Name: _____

Mailing Address: _____

City/State/Zip: _____

Preferred telephone: _____ email: _____

I/we commit \$_____ to support the operating budget for the Follen Church Society for the 2012-2013 fiscal year.

I/we plan to fulfill my/our financial commitment on the following schedule:

\$_____ Weekly \$_____ Monthly \$_____ Quarterly \$_____ Annually

I am interested in making automatic deductions from my checking account. Please contact me.

Signature(s)

Date

Note: It is understood that financial situations change. If you need to revise your pledge, please contact Sarah Garner at 781-862-3805 X205 (sarah.garner@follen.org) or Brian Cali at 781-641-3059 (bcali01@gmail.com).