



Date: _____

PLEDGE CARD

Please select all that apply:

- My Gift Tonight \$ _____ Card / Check / Bank-Draft
- My Gift Within 60 Days \$ _____ Card / Check / Bank-Draft
- My Monthly Gift \$ _____ Card / Check / Bank-Draft

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

This pledge can be revised at any time.
 Your information is confidential and will
 not be shared. To complete this pledge online,
 go to **www.ezeministries.org/banquet**



- Bill my card monthly Bill my card once
- Bill my checking acct. monthly. *Voided check enclosed.*
- Check enclosed. *Payable to: Ezekiel Ministries.*
- Visa MasterCard Amex Discover

Card #: _____

Exp: _____ Ver. #: _____ Billing Zip: _____

Name on Card: _____

Signature: _____

I WANT TO GET INVOLVED IN...

- Community Based Mentoring Prayer
- After School Eze Farms / Apprenticeships