



WESTMINSTER CANTERBURY LYNCHBURG FOUNDATION
Monthly Recurring Gift Program

Name(s) _____ Apartment/Cottage # _____

Telephone extension _____ Email _____

I (we) pledge \$ _____ per month, beginning in _____ of _____.
(Month) (Year)

I would like for my monthly pledge of \$ _____ to be distributed as follows:

\$ _____ Fellowship Endowment Fund	\$ _____ Payne Education Fund
\$ _____ General Endowment Fund	\$ _____ Peggy Slusher Nursing Fund
\$ _____ Employee Assistance Fund	\$ _____ Allen Emma Science Scholarship
\$ _____ Music and Memory Fund	\$ _____ Cary A. Coffing Scholarship
\$ _____ Nature Trail Fund	\$ _____ Nix/Bennett Scholarship
\$ _____ St. Vincent-Elson Arts Fund	\$ _____ Higher Education Fees Scholarship

I (we) agree to have Westminster Canterbury charge me the above pledge on our monthly statement.

Signed _____ Date _____

Signed _____ Date _____

PLEASE RETURN THE FORM TO THE DEVELOPMENT OFFICE located on the 2nd Floor

Remember, you may change your contribution amount at any time by notifying the Accounting Office by the 25th of the preceding month.