



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.