

Naming/Recognition Response Form

FAMILYLIFE.ORG/BUILDING



Name			
Address			
City	State	Zip	County
Phone	Email		

I am/we are excited about joining the team in supporting Family Life's "Building Our Future Together" project!

Please use my gift of \$ paid in:	☐ Property ☐ IRA ☐ Other Assets
to be paid: Monthly Quarterly Annually over a period of: 1 Year	2 Years* 3 Years*
beginning: *If making annual payments, please specify amount per year and month of year payment to be made: Am	ount/Year Month
Please make checks payable to "Family Life" (Memo: Capital Campaign). EFT is avail	able. Inquire at Family Life office.
Total Gift/Faith Promise \$	
Signature	Date
Commemorative Recognition/Memorial This subscription permanently recognizes my/our gift to the capital campaign as follows:	My Employer has a Matching Gift Program Form enclosed
Please provide exact wording for recognition	Will be mailed or emailed
Naming/Recognition Opportunity Please indicate where you would like your gift attributed toward.	
Describe from list on Naming & Recogition Opportunities card	
Do you give Family Life permission to list your name(s) on a central commemorative plaque?	
Yes No	LEARN MORE AT