



**Crossroads UMC's
Wellness for the Future Campaign
Response Form**

Having prayerfully considered the goals of Crossroads' *Wellness for the Future* Campaign, I/we wish to:

___ **Option 1:** Pledge the total sum of \$_____ to achieve these goals. I/we wish to pay this pledge in the following manner (please choose the option that applies):

___ Payment is enclosed.

OR

___ In monthly installments of \$_____ for ___ years (up to five years) beginning in July 2024. See the back of this form for examples.

OR

___ My pledge will be paid within the next five years according to the following schedule:

\$_____ in _____ (month/year),
\$_____ in _____ (month/year),
\$_____ in _____ (month/year),
\$_____ in _____ (month/year),
\$_____ in _____ (month/year).

(Reminders will be sent to you according to this schedule.)

___ **Option 2:** Request an individual meeting to discuss the vision, the campaign, and my/our commitment further. Please contact me at _____.

___ **Option 3:** I/we are unable to contribute at this time but commit to pray for the *Wellness for the Future* vision and look for ways to be part of Crossroads' outreach to the community.

My information:

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Signature _____

Contact Kathy MacKrell (703-729-5100 or kmackrell@crossroadsnova.org) with questions. If possible, please return by Sunday, May 26.



Campaign contributions via monthly giving:

Monthly Pledge	Annual Total	5-Year Total
\$25	\$300	\$1,500
\$50	\$600	\$3,000
\$75	\$900	\$4,500
\$100	\$1,200	\$6,000
\$150	\$1,800	\$9,000
\$200	\$2,400	\$12,000
\$250	\$3,000	\$15,000
\$300	\$3,600	\$18,000
\$350	\$4,200	\$21,000
\$400	\$4,800	\$24,000
\$500	\$6,000	\$30,000
\$750	\$9,000	\$45,000
\$1,000	\$12,000	\$60,000