

Faithful Fiver Pledge Form

Date: _____

(Choose one) \$_____ Monthly Pledge Amount

\$_____ Quarterly Pledge Amount

\$_____ Annual Pledge Amount

Name: _____

Street: _____

City: _____

State: _____ **Zip:** _____

I would like a reminder when my payment is due.

Checks should be made payable to Heartland Intergroup, Inc.

Please mail this Pledge Form and your first contribution to:

**Heartland Intergroup, Inc.
1035 S. Florida Avenue, Ste. 180
Lakeland, FL 33803-1165**

