

# 2019 OPERATING BUDGET

In response to the annual giving needs as expressed by the Church Council, I (we) pledge a total of \$ \_\_\_\_\_ annually to Galloway United Methodist Church for the 2019 Budget.

I (we) would like to complete my (our) pledge as following:

- Weekly
- Monthly
- Quarterly
- Yearly

Other Payment Schedule: \_\_\_\_\_

**If you'd like to initiate an automatic draft for your monthly gifts,  
please contact Sherry Russum, Executive Administrator  
601.353.9691; [SRussum@gallowayumc.org](mailto:SRussum@gallowayumc.org)**

# CAPITAL CAMPAIGN

In response to the capital campaign needs as expressed by the Church Council, I (we) pledge a total of \$ \_\_\_\_\_ to Galloway United Methodist Church.

I (we) would like to complete my (our) pledge as following:

Enclosed \$ \_\_\_\_\_ Balance remaining \$ \_\_\_\_\_

Please check below how balance is to be paid.

- Weekly
- Monthly
- Quarterly

\$ \_\_\_\_\_  Yearly: beginning in \_\_\_\_\_, \_\_\_\_\_,  
month year  
ending in \_\_\_\_\_, \_\_\_\_\_,  
month year

Other Payment Schedule: \_\_\_\_\_

## FISCAL YEAR RUNS FROM JANUARY 1 THROUGH DECEMBER 31.

Name \_\_\_\_\_

Please print name as you wish to be recognized.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your tax-deductible gift. Please make checks payable to **Galloway United Methodist Church**.

For further information, please contact Sherry Russum, 601-353-9691, [srussum@gallowayumc.org](mailto:srussum@gallowayumc.org)

Galloway United Methodist Church, 305 North Congress Street, Jackson, Mississippi 39201

[www.gallowayumc.org](http://www.gallowayumc.org)