# THE NEXT 70 Pledge Form

Name: _____
Address: _____
Phone Number(s): _____
Email Address(es): _____

**Total campaign pledge over 3 years:** $_____
**Start date for my pledge:** _____

**Please check how you will accomplish your pledge:**

_____ Please contact me to set up an automatic draft.
_____ I will pay out of my IRA Qualified Charitable Distribution.
_____ Other: _____

I will make payments (circle one):
one-time, monthly, quarterly, annually.

**Scan the QR code to fill out an electronic pledge. This will also allow you to make a payment and/or set up automatic payments.**

___ I am not able to pledge at this time but will give as I am able.
___ I have remembered FLPC in my will.
___ I would like a planned giving guide.
___ I would like to speak with someone regarding a bequest to FLPC.

Signature(s): _____Date:_____

**Please return to Shannon Fancher, FLPC Director of Operations**
**6500 North Trenholm Road, Columbia, SC 29206**

**If you prefer to make a pledge via email or telephone, or have comments, please contact the Director of Operations: shannonfancher@flpc.org; 803-787-5672**

INVESTING TODAY FOR A STRONGER TOMORROW
TOGETHER, WE CONTINUE GOD'S WORK FOR GENERATIONS TO COME.