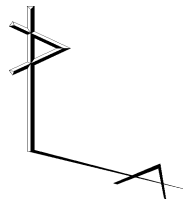


Shadow Rock UCC

DO ALL YOU CAN!
(With what you have,
in the time you have,
in the place you are!)



2012 Estimate of Giving Card

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ home

_____ cell

Email(s) _____

\$ _____ each week month quarter year

For an annual total of \$ _____

- Please send envelopes
- I/we will give electronically (please complete reverse)
- Renew electronic giving (on reverse check "New authorization using bank/credit card info on file", frequency, amount, sign, date)

I understand this commitment can be changed at any time by giving written notice to the finance secretary.

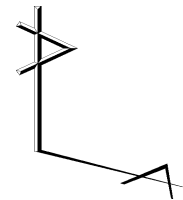
Signed: _____ Date: _____

Please contact Heidi Zinn in the finance office if you have any questions at 602.993.0050 or heidi@shadowrockucc.org

For Office Use: Acknowledged: _____ Entered: _____

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