



THE PROJECT F-M COVENANT OF SUPPORT

Name: _____

Phone _____

Address: _____

Email: _____

Sustaining Gift

I/we pledge _____ per month,
or a total of _____ for 2012.

Onetime Gift

I/we pledge a gift of _____.

Note: please make checks payable to "Eastern North Dakota Synod" with "The Project F-M" in the memo line.

Eastern North Dakota Synod · 1703 32nd Ave S, Fargo, ND 58103

send this portion to The Project F-M

keep this portion for your records



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