

MACEDONIA MISSIONARY BAPTIST CHURCH

PLEDGE CARD

OUR WALL OF JERUSALEM

I pledge \$ _____ Amount enclosed \$ _____

Balance to be paid:(circle one) weekly, Monthly, Other _____

My gift is for me as a contributor or is designated to honor the life and legacy of the following person::

Name to be engraved _____

Title _____

Note: not more than 25 letter per line

Name _____

Address _____

City/State/Zip _____

Phone Number _____

Member of Macedonia? _____

Please, if contributing by check, make check payable to Macedonia Missionary Baptist Church Building Funds. If mailing use the following address:

Macedonia M. B. Church—P.O. Box 1650 _ Batesville, MS 38606