




 **Imaginecovenant** 
SAINT MICHAEL LUTHERAN
CHURCH & SCHOOL 

Name _____

Address _____ Phone _____

1.  I will pray for the Imagine campaign, the ministry, and its leadership!
2.  In support of the **"Imagine"** Capital Campaign, I/we pledge to contribute over a 3 or 4 year period a
TOTAL of \$ _____ in the following manner:
 ANNUALLY \$ _____ SEMI-ANNUALLY \$ _____ QUARTERLY \$ _____ MONTHLY _____ \$ OTHER: \$ _____
This pledge will begin on (or about) _____
3.  Signature: _____ Date: _____

Make checks payable to: Saint Michael Lutheran 3595 Broadway, Fort Myers, FL 33901
Gifts are tax-deductible as prescribed by law. TEL (941) 939-1218 FAX 939-1839 www.sml.org

