

**I want to be a MICAH Sustainer
by doing justice with my money!**



Name(s) _____ Email _____

Address _____ City _____ Zip _____

Phone: Home _____ Cell: _____ Work: _____

I/we would prefer that my/our name be kept confidential. Thanks!

Ways to Give

I/we pledge to give a repeating donation in the amount of:

\$1,000 \$500 \$250 \$100 \$50 \$25 \$10 \$5 \$ Other

ONCE every Month Quarter Year

Matching gifts

**Does your employer match donations? Please enclose a signed
Matching Donation Form from your employer if applicable.**

METHOD OF PAYMENT

1. Automatic withdrawal from checking or savings account beginning

Date _____

Checking account - attach a voided check

Savings account - attach a savings deposit slip or fill in information

routing no. _____ account no _____

Authorization Agreement for Direct Payments (ACH Debits): I (we) hereby authorize WISDOM (for MICAH) to initiate debit entries to my (our) Checking Account or Savings Account for the amount listed above at the depository financial institution named below or on the enclosed voided check. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Transfers will be forwarded to the above-named organization.

2. Credit card - Please make donations online at www.micahmke.org

3. I prefer to write checks. Please make checks payable to: "MICAH"

**Thank You for supporting MICAH!
Milwaukee Inner-city Congregations Allied for Hope
Your donation is tax-deductible to the full extent allowed by law.**

I/we would like more information about leaving a legacy for justice for MICAH through the Endowment Fund.

Signature _____ Date _____

2821 North Vel Phillips Ave Suite 213 Milwaukee, WI 53212 Phone: 414-264-0805 office@micahmke.org