



**Financial  
Pledge Card**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Home Ashram: \_\_\_\_\_

\_\_\_\_\_

Total Amount of Pledge: \_\_\_\_\_

to be paid as a  monthly gift : \_\_\_\_\_ per month for \_\_\_\_\_ year(s)

annual gift : \_\_\_\_\_ per year for \_\_\_\_\_ year(s)

one time gift

Please mail this form along with your first gift to:

**United Christian Ashrams, 904 Deville Lane, Ruston, LA 71270**