



2020 Gift from the Heart Pledge Form

Thank you for investing in Indianapolis Hebrew Congregation! Because you choose to give, we can build community, invest in students, combat injustice, and expand IHC together. Thank you for giving from the heart.

Please complete this form and return it to IHC by December 1. The sustaining amount to operate IHC for 2020 is \$2860 per household. We ask that you give generously so that IHC can flourish for generations to come. Each gift makes a difference!

Name:

Address:

Your 2019 Gift from the Heart: \$

As a reminder, the 2020 sustaining amount is projected to be \$2860. We encourage everyone to give at this amount or higher to sustain IHC this year.

My household Gift from the Heart for 2020 is: \$ _____

My household chooses to:

- Pre-pay by December 30, 2019, for current tax planning purposes.
- Pay in full by March 15, 2020.
- Pay in two installments, due on March 15 and August 15, 2020.
- Pay in twelve automatic monthly installments, due on the first of each month.

Please complete page two to provide details on your payment method.

My household chooses to sign a covenant to invest in Indianapolis Hebrew Congregation:

Signature

Date

- My household included IHC in my/our estate planning.
- I/We would like to talk to someone about becoming a member of IHC's Life and Legacy program.

If we do not hear from you by December 1, we will automatically increase your 2019 gift by 4% to set your 2020 gift. However, we hope you will return these forms so that we know your intentions for 2020.

IHC 2020 Gift from the Heart: Payment Authorization

Name: _____ 2020 Gift: \$ _____

Please choose from one of the billing options below to indicate how you will be making your Gift to IHC.

Please note: We urge you to consider paying by check or ACH. When paying by credit card, there are associated costs. Please make sure IHC receives your whole commitment by donating an additional amount to cover these costs.

1. Check (preferred)

I want to pay by check

- One time payment via check
- Two payments via check on or before March 15 and August 15, 2020 of \$ _____
(Gift from the Heart divided by 2)

2. Automatic Payments by ACH (preferred)

- I want to make automatic payments from my checking account (please attach a voided check, which the bank requires each year):
- Monthly ACH payments of \$ _____ (Gift from the Heart divided by 12)
 - Two ACH payments on March 15 and August 15, 2020 of \$ _____ (Gift from the Heart divided by 2)

I/We authorize Indianapolis Hebrew Congregation to initiate debit entries to my/our checking account indicated below, and for the bank or credit union named below to debit the same account as specified. This authorization is to remain in full effect until I/we withdraw or change it in writing.

Name: _____
(As listed in Temple records)

Name: _____ Bank/Credit Union: _____
(As listed on Bank Account)

Bank Routing #: _____ Individual Account #: _____
(9 digit number on lower left of your check)

Signature

Date

3. Automatic Payments by Credit Card

I want to pay by credit card:

Payment by Credit Card: Your donation is securely processed with a transaction fee to cover credit card fees, bank fees, and other processing costs. If choosing to pay by credit card, please consider paying an additional amount (3%) so 100% of your donation amount goes to IHC.

- One credit card payment of \$ _____ to be taken now
- One credit card payment of \$ _____ to be taken on March 15, 2020
- Two equal credit card payments of \$ _____ to be taken on March 15 and August 15, 2020 (Gift from the Heart divided by 2)
- Twelve equal credit card payments of \$ _____ to be taken on the first of each month (Gift from the Heart divided by 12)
- I agree to an additional donation of 3% of my Gift from the Heart amount to cover the cost of the fees.

I authorize Indianapolis Hebrew Congregation to charge my credit card as indicated equal to the full amount of my Gift from the Heart and to adjust this amount as necessary for future years.

Name as it appears on credit card _____

Credit card #: _____ Exp.: ____/____ Security code: _____
o Visa o Mastercard

Billing Address: _____

Signature

Date