

**PLEDGE  
REMINDER**

*(Please tear off and  
keep for your records.)*


**Our Faith In Action.**

**MY GIFT IS A:**

☐ One-time donation of \$ \_\_\_\_\_

☐ New pledge of \$ \_\_\_\_\_, gifted over the  
next 12 months, in installments made \_\_\_\_\_ monthly or \_\_\_\_\_ quarterly  
(pledge to be completed by May 2016)

**IMAGINE NO  
MALARIA**

 The people of The United Methodist Church®

**DATE:** \_\_\_\_\_

*Signature authorizing new pledge:* \_\_\_\_\_

**NAME(S) (print):** \_\_\_\_\_

**AMT. PLEDGED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**TO BE PAID:** \_\_\_\_\_


**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Monthly \_\_\_\_\_

Quarterly \_\_\_\_\_

**IMAGINE NO  
MALARIA**

 The people of The United Methodist Church®

**Make checks payable to:**

**NYAC**

Memo: Imagine No Malaria

20 Soundview Ave.

White Plains, NY 10606-3302

☐ I would like to pay by credit card

*Please visit [www.imagenomalaria.org](http://www.imagenomalaria.org)*

☐ I would like to donate stock

*You will be contacted by Conference staff.*

**PLEDGE  
REMINDER**

*(Please tear off and  
keep for your records.)*

**Our Faith In Action.**

**MY GIFT IS A:**

☐ One-time donation of \$ \_\_\_\_\_

☐ New pledge of \$ \_\_\_\_\_, gifted over the  
next 12 months, in installments made \_\_\_\_\_ monthly or \_\_\_\_\_ quarterly  
(pledge to be completed by May 2016)

**IMAGINE NO  
MALARIA**

 The people of The United Methodist Church®

**DATE:** \_\_\_\_\_

*Signature authorizing new pledge:* \_\_\_\_\_

**NAME(S) (print):** \_\_\_\_\_

**AMT. PLEDGED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**TO BE PAID:** \_\_\_\_\_


**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Monthly \_\_\_\_\_

Quarterly \_\_\_\_\_

**IMAGINE NO  
MALARIA**

 The people of The United Methodist Church®

**Make checks payable to:**

**NYAC**

Memo: Imagine No Malaria

20 Soundview Ave.

White Plains, NY 10606-3302

☐ I would like to pay by credit card

*Please visit [www.imagenomalaria.org](http://www.imagenomalaria.org)*

☐ I would like to donate stock

*You will be contacted by Conference staff.*

**PLEDGE  
REMINDER**

*(Please tear off and  
keep for your records.)*


**Our Faith In Action.**

**MY GIFT IS A:**

☐ One-time donation of \$ \_\_\_\_\_

☐ New pledge of \$ \_\_\_\_\_, gifted over the  
next 12 months, in installments made \_\_\_\_\_ monthly or \_\_\_\_\_ quarterly  
(pledge to be completed by May 2016)

**IMAGINE NO  
MALARIA**

 The people of The United Methodist Church®

**DATE:** \_\_\_\_\_

*Signature authorizing new pledge:* \_\_\_\_\_

**NAME(S) (print):** \_\_\_\_\_

**AMT. PLEDGED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**TO BE PAID:** \_\_\_\_\_


**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Monthly \_\_\_\_\_

Quarterly \_\_\_\_\_

**IMAGINE NO  
MALARIA**

 The people of The United Methodist Church®

**Make checks payable to:**

**NYAC**

Memo: Imagine No Malaria

20 Soundview Ave.

White Plains, NY 10606-3302

☐ I would like to pay by credit card

*Please visit [www.imagenomalaria.org](http://www.imagenomalaria.org)*

☐ I would like to donate stock

*You will be contacted by Conference staff.*