

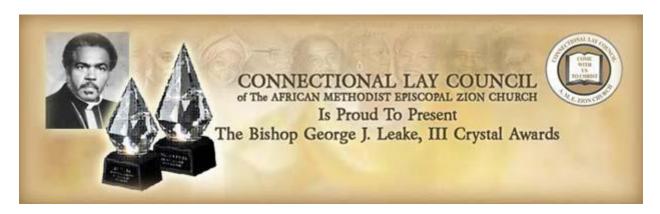
## Contribution/ Pledge Form (Individuals)

The Bishop George J. Leake III Crystal Awards Benefactor: Endowed Scholarship for Hood Theological Seminary

| Last Name:   |                  | First Name:  |          |         |     | MI: |  |  |
|--|------------------|--------------|----------|---------|-----|-----|--|--|
| Street Address:  |                  | City         | _        | _State_ | Zip |     |  |  |
| Telephone Numbers:   | Home ()          |              | _Work () |         |     |     |  |  |
| E-mail Address:  |                  |              |          |         |     |     |  |  |
| □ I would prefer that this contribution and/or my name be kept confidential. Thanks! |                  |              |          |         |     |     |  |  |
| Contribution or Pledge (check one)   |                  |              |          |         |     |     |  |  |
| Levels of Giving:<br>Gold □ \$2,500  | Silver □ \$1,000 | Bronze □ \$  | 500      |         |     |     |  |  |
| Amount Submitted:  | \$               | _ Balance Du | e: \$    |         |     |     |  |  |
| In Memory of:  |                  |              |          |         |     |     |  |  |
| In Honor of:   |                  |              |          |         |     |     |  |  |
| ☐ I just want to make a Donation \$  |                  |              |          |         |     |     |  |  |

Make checks payable to the Connectional Lay Council

Mail To:
Connectional Lay Council
Attn: Bishop Leake Scholarship Fund
P.O. Box 26770
Charlotte, NC 28227



## Contribution Pledge Form (Lay Councils/Departments/Affiliates)

The Bishop George J. Leake III Crystal Awards Benefactor: Endowed Scholarship for Hood Theological Seminary

| Lay Council/ Department/ Affiliate:                  |                 |          |  |  |  |  |
|--|-----------------|----------|--|--|--|--|
| In Memory of:  |                 |          |  |  |  |  |
| In Honor of:   |                 |          |  |  |  |  |
| Contact Name:  |                 |          |  |  |  |  |
| Street Address:                                      | City            | StateZip |  |  |  |  |
| Telephone Numbers: Home ()        Work ()            |                 |          |  |  |  |  |
| E-mail Address:                                      |                 |          |  |  |  |  |
| Regional Director:                                   |                 |          |  |  |  |  |
| Bishop:  |                 |          |  |  |  |  |
| Contribution or Pledge (check one) Levels of Giving: |                 |          |  |  |  |  |
| Gold □\$2,500 Silver □\$1,000                        | Bronze □\$500   |          |  |  |  |  |
| Amount Submitted: \$                                 | Balance Due: \$ |          |  |  |  |  |
| ☐ I just want to make a Donation \$                  |                 |          |  |  |  |  |

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