

Healthy Pastors, Healthy Congregations Covenant of Financial Commitment

Name of church _____

Address _____

City _____

State _____

ZIP _____

We commit to Healthy Pastors, Healthy Congregations:

\$ _____

- One-time gift To be paid in _____ increments during
 2019 or 2020 or 2019 and 2020

Check(s) should be made payable to the Board of Pensions; on memo line, please note Ministerial Excellence Fund.

Congregational Representative _____

Date _____

(Signature)

(mm/dd/yyyy)

(Print name and title)

Thank you for contributing to the Ministerial Excellence Fund in support of the Healthy Pastors, Healthy Congregations Program of the PC(USA).