

*Our Mission:
Love God
Love Others
Make Disciples*



*Our Vision:
Be the hands
and feet of
Christ*

Estimate of Giving/Commitment Card

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____

____ **Yes! I/We will support Northgate in the year 2024.**

Choose One:

\$ _____ weekly for 52 weeks

\$ _____ Semi-monthly for 24 periods

\$ _____ monthly for 12 months

\$ _____ as follows _____

Signature _____ Date _____

____ I/We would like information on how to provide for Northgate in my/our will.