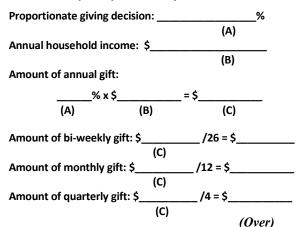
Commitment	of Support ii	n 2017
NAME(S)		
ADDRESS		
CITY	STATE	ZIP
Grateful for God's blessings, I (we) make for the ministry and mission of Immanue		
\$perweek (This commitment may be increased or	month	other
(This commitment may be increased of o I (we) wish to receive information about		
Name		
Address		(Over)
Commitment	of Support ii	n 2017
NAME(S)		
ADDRESS		
CITY	STATE	ZIP
Grateful for God's blessings, I (we) make for the ministry and mission of Immanue	-	••
\$perweek (This commitment may be increased or	month	other
(This commitment may be increased of o I (we) wish to receive information about		
	giving through Es	state Flammig.
Name		
Address		
		(Over)
Commitment	of Support in	n 2017
NAME(S)		
ADDRESS		
CITY		ZIP
Grateful for God's blessings, I (we) make for the ministry and mission of Immanue	the following co	ommitment of support
\$ per week	month	other
\$perweek (This commitment may be increased of		
o I (we) wish to receive information about	giving through Es	state Planning.
Name		
Address		



(Over)

Personal Commitment Planner

Weekly amounts proportionate to income are shown in the chart, or use the Commitment Planner to determine amount of gift based on percentage of income. Keep this portion for your records.



	APPROXIMATE WEEKLY COMMITMENT						
ANNUAL	PROPORTIONATE TO INCOME						
INCOME	15%	10%	7%	6%	5%	4%	3%
100,000	288.00	192.00	135.00	115.00	96.00	77.00	58.00
75,000	216.00	144.00	100.00	87.00	72.00	58.00	43.00
60,000	173.00	115.00	80.00	69.00	58.00	46.00	35.00
50,000	144.00	96.00	67.00	58.00	48.00	38.00	29.00
45,000	130.00	87.00	61.00	52.00	43.00	35.00	26.00
40,000	115.00	77.00	54.00	46.00	38.00	31.00	23.00
35,000	101.00	67.00	47.00	40.00	34.00	27.00	20.00
30,000	87.00	58.00	40.00	35.00	29.00	23.00	17.00
25,000	72.00	48.00	34.00	29.00	24.00	19.00	14.00
20,000	58.00	38.00	27.00	23.00	19.00	15.00	12.00
15,000	43.00	29.00	20.00	17.00	14.00	12.00	9.00

(Over)

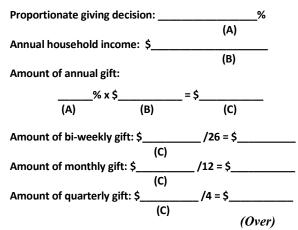
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