PLEDGE CARD

Please return this card to:

Dr. Idell Strachan (in person)
or via email at
kingdomtruthuniversitycfo@gmail.com

or via mail at:

7749 Normandy Blvd,
Suite 121-134
Jacksonville, Fl. 32221

Methods of Payment:

Zelle:
kingdomtruthunivfinance@gmail.com

Paypal:
http://PayPal.me/kingdomtruthuniv
or kingdomtruthunivfinance@gmail.com

Cash App
$KTU2015

Credit Card
Call 678-620-9121
Leave a message

All contributions are tax deductible to the extent provided by law

I /We would like to pledge to Kingdom Truth University:
Name(s) making pledge _____
_____

☐ **$ 500** ☐ **$ 750** ☐ **$1000** **$ Other**_____

Total amount of pledge _____

To be paid over (number) _____**months**
Weekly, Monthly Installments of $_____
The first payment to begin on (date)_____

Signature _____

Date _____

Address_____

_____

Phone _____

E-mail_____

We want to thank you very much for your support!

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