

**Church of the Holy Light of the Queen**

P. O. Box 911, Ashland, Oregon 97520

**2021 Tithing Pledge Form**

All members are requested to fill out this form to reaffirm their membership status in CHLQ for 2021. Please return your form by February 28, 2021.

***Section 1: Member Information***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Section 2: Membership Status***

**Active Tithing Member** - This is the suggested option for all people who regularly attend works. It affirms your financial commitment to the community and makes you eligible to be a voting member of the church.

A tithe is a contribution that is *consistent* – this means that whatever the amount, it can be counted on by the Church to arrive each month. This is different from donations given only when a work occurs, or for other charitable causes.

***Section 3: Tithing Pledge***

* I pledge to make a donation of \_\_\_\_\_\_\_\_ per month ($150 or more)
* I pledge to make a donation of \_\_\_\_\_\_\_\_ per month (sliding scale $100-$145)
* I am unable to pay at least $100 per month and would like to set up an appointment with a Board member or the Church Administrator to discuss my situation.

***Your monthly tithe is due on the 1st of each month*.** Please make checks payable to "CHLQ" and mail to P.O. Box 911, Ashland, OR 97520. “Billpay” or online banking is highly encouraged and easy. Oryou can put your tithe in a tithing envelope at a work. You can also pay via Paypal, sent to chlqcomm@gmail.com. You will receive a tax statement at the end of the year for all contributions over $250.00 annually or for anything less than that per request. If you have any questions or would like more information, please contact chlqcomm@gmail.com.

***Thank you for supporting your church.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_