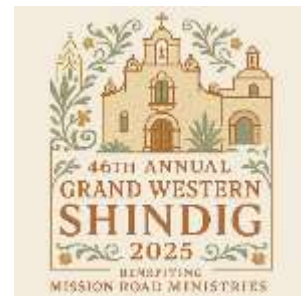


46TH ANNUAL GRAND WESTERN SHINDIG

NOV. 6, 2025 📍 MAYS FAMILY CENTER AT THE WITTE MUSEUM
BENEFITING MISSION ROAD MINISTRIES

SHINDIG PLEDGE FORM



Individual/Company Name _____

Name as you would like for it to appear in publications - please print clearly.

Gift Contact Person _____

Best Email _____

Billing Address _____

City, State _____ Zip Code _____

Cell Phone _____ Office Phone _____

Table & Guest Contact Person: _____ Email _____ Phone _____

Please complete all contact info above - it is essential for credit card processing!

Levels of Support

- | | |
|---|---|
| <input type="checkbox"/> Presenting Sponsor (30 seats) \$50,000 | <input type="checkbox"/> Texas Mission Keeper (20 seats) \$25,000 |
| <input type="checkbox"/> Texas Pioneer (10-12 seats) \$10,000 | <input type="checkbox"/> Texas Ranger (10-12 seats) \$5,000 |
| <input type="checkbox"/> Texas Marshal (10 seats) \$3,500 | <input type="checkbox"/> Individual Ticket (1 seat) \$350 |
| <input type="checkbox"/> Create Your Own Gift Amount Goal: \$850,000 \$ _____ | |
| <input type="checkbox"/> "S.O.A.R. Challenge" Goal: \$215,000 \$ _____ | |
- Help our fragile children & adults S.O.A.R. toward Independence with dynamic Summer programming.*



SIGNATURE: _____ **DATE:** _____

☐ I agree to make the gift of the amount(s) as totaled above.

** Invitation print deadline: Wednesday, September 24, 2025 * Program print deadline: Thursday, October 22, 2025*

Create a Memory with your gift

☐ Honorariums & Memorials & Holiday Gift. I am making this gift...

☐ Circle one: (1) In memory... (2) In Honor of... (3) As a holiday Gift for...

Name _____

If (3), The holiday we are celebrating is: _____

Name and contact information of person to whom we are sending the note of your generous gift:

Name: _____ Address: _____

City, State, Zip: _____ Email: _____

Payment Options

☐ Charge my ☐ VISA ☐ MasterCard ☐ AMEX Card # _____

Signature: _____ Exp. Date: _____ Sec. Code: _____

Please complete all contact info above - it is essential for credit card processing!

☐ My check payable to MRM in the amount of \$ _____ is enclosed.

☐ Please bill me in the month of _____, 2025 or in the month of _____, 2026.

Note: All payments must be received by March 30, 2026!



*Scan code
to pay with
your phone.*

Giving made Fast & Easy! Text the word **SHINDIG25** to **53-555**

Return Form to: **Mission Road Ministries** | 8706 Mission Road San Antonio, Texas 78214 | IRS EIN 74-2958552

For Questions, Contact: **Lynette A. Farrimond** | lfarrimond@mrmst.org | 210-725-9189 Phone | 210-922-6006 Fax | www.missionroadministries.org

