**“Blessed by God to be a Blessing**

**2025 Fall Campaign Questionnaire**

**Instructions:**

1. **Type or print legibly.**

2. Be sure to give data for the church and not your personal data.

3. Return this Questionnaire as soon as possible.

1. Keep a copy of this Questionnaire for your records.

Name of Church

Average Weekend Attendance (including children)

Mailing Address

City, State, Zip

Phone Number (including area code)

E-mail Address

Pastor [Rev. ] [Dr. ]

Scripture Version: ESV\_\_ NASV\_\_ NIV\_\_ NKJV\_\_ NLT\_\_ NRSV\_\_ NRSV \_\_ New American Bible \_\_

**1. Campaign Coordinator**

The Coordinator listed below is responsible to make certain that the various steps in the Campaign are assigned and completed on a timely basis. (This can be a lay person, the pastor, church secretary or church administrator.)

Name

Mailing Address

City, State, Zip

Phone Number (including area code)

E-mail Address

**2.** **Packet Mailing**

**One** packet of all campaign materials will be sent to the church as specified below. Please choose only **one** of the following. Send packet to:

The Campaign Coordinator.

The Pastor.

The Church Secretary whose name is

**3.** **Campaign Letters**

Letters used as part of the campaign should be prepared as indicated to the right of the example below.

Check here if you wish to have the name and title on letters left blank. You can add this information later using the e-mail files. (If you check this line, do **not** complete the name and title information.)

Example: Sincerely yours in Christ,

John Q. Smith

Finance Chair

**4.** **Dates**

The Fall Campaign dates of November 2-23 are fine, with November as the primary month for the Fall Campaign.

Instead of the dates of November 2-23, we prefer the following **four consecutive** Sundays:

1st Sunday 3rd Sunday

2nd Sunday 4th Sunday

Note: The 4th Sunday is when people turn in their response cards.

**5.** **Special Sunday**

“Harvest Celebration Sunday” when people turn in their

response cards is an appropriate name for our church.

Instead of “Harvest Celebration Sunday,” this special Sunday

should be called .

**6.** **Response Card**

If you are preparing your own response card, do **not** complete the rest of this question. However, **list the name of the card here** since we refer to it by name in the other materials:

If you want KLW Enterprises to prepare the response card, please provide the following information:

Name of the response card:

Faith Promise Pledge

Estimate of Giving Other (specify below)

The following categories should be listed on the response card:

General Fund Building Fund

Missions Other

The frequency of contributions that should be listed on the response card include (choose up to **three** of the following categories):

Weekly Quarterly

Monthly Annually

Please complete the Sample Card below. Also, please make certain that the information on the Sample Card is the same as the responses above.

**7. Sample Card (Side One)**

**Name of Church**

**City and State**

**“Blessed by God to be a Blessing”**

**Card**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sunday, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please bring this card with you on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sunday.

**Sample Card (Side Two)**

**By faith, as God enables me, I will —**

• Pray regularly for the ministry of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church.

• Attend worship services and seek to interest others in attending with me.

• Be available to follow God’s leading in working in and through my church.

• Give to support the work of the Lord in 2026.

General Fund $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Missions $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Fund $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how you plan to give the amount above:

$ \_\_\_\_\_\_\_ per week $ \_\_\_\_\_\_\_ per month $ \_\_\_\_\_\_\_ per year

I understand that I may change my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at any time by contacting the church office.

**8. Copy Preparation** (Select **one** of the following **two** items.)

Prepare the Fall Campaign materials as printed copy. Also send the materials via e-mail.

Send the Fall Campaign materials only via e-mail. Do not send any printed materials.

Name

E-mail Address

**9. Cost of the Fall Campaign**

There is no deadline for returning the Questionnaire, but the price increases on July 1 and on the first of each month thereafter. Please plan carefully. Although there is no charge to correct errors which we make, churches which request changes after the materials are prepared will incur an additional charge of $50.

**A. For churches presently using the year-round “Effective Stewardship” program, the cost of the Fall Campaign is twice the normal monthly charge.** This will be invoiced on October 1, 2025. (Do **not** send any payment with this Questionnaire.)

**B. Charges for churches which only purchase a Fall Campaign and are not using the year-round “Effective Stewardship” program are as follows:**

Church Mailed or Mailed or Mailed or Mailed or Mailed or

Attendance Faxed by Faxed after Faxed after Faxed after Faxed after

7/1/25 7/1/25 8/1/25 9/1/25 10/1/25

Under 200 $150 $175 $185 $195 $205

201-500 $295 $320 $330 $340 $350

501-1,000 $495 $520 $530 $540 $550

Over 1,000 $595 $620 $630 $640 $650

We are enclosing our check in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please send an invoice with the materials. Church agrees to pay the Fall Campaign invoice promptly **upon receipt** of the Fall Campaign materials. Once received by the church, materials are not returnable, even if the church does not use them.

\_\_\_\_\_ Please send an invoice via PayPal.

Name on PayPal Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address on PayPal Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Please charge my credit card for the amount due.

Note: If you use a credit card, when you receive the credit card bill, please remember that you authorized this charge for the Fall Campaign. Please do not contest this charge which is very confusing and time-consuming to resolve. Instead, please check with us first if you do not recognize a charge from KLW Enterprises for this year’s Fall Campaign.

\_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover

Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV three-digit number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on credit card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questionnaire prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please do not leave this space blank.)

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