



Your 2019 Annual Giving pledge of support
for the ministry and mission of St. Paul's
Please complete and return in confidential envelope provided

Name: _____ Phone: _____ Email: _____
Address: _____

Signature: _____

In thanks for all of God's gifts, I/we pledge \$ _____ in financial support to St. Paul's in 2019.

- Cash or Check
- Bank Draft (*Please complete the authorization form on back.*)
- Credit Card (*Please complete the authorization form on back.*)
- Transfer of stock

- A recommended grant of \$ _____ through the following charitable fund or foundation: _____
- I will contact Margaret Turner at mturner@stpauls-ws.org to verify my 2019 prepayment
- I would like pledge envelopes for payment

Monthly Draft Authorization

I/we authorize St. Paul's Episcopal Church to debit \$ _____ monthly from the following account, on or after the 20th of each month of 2019, to fulfill my/our annual giving pledge.

Financial Institution (Bank): _____

Print Name (as it appears on the account): _____

Signature (as you sign your checks): _____ Date: _____

A voided check must accompany this form in order to activate the draft.

Credit Card Authorization (*Credit card transactions incur a 3% transaction fee. If you are able, please consider adjusting your pledge to cover this fee.*)

During 2019, to fulfill my pledge, I authorize you to charge my VISA or MasterCard

Monthly in the amount of: _____ One time for full pledge amount in the month of: _____

Card # _____ Expiration Date: _____ Security Code on Back: _____

Name on Card: _____

Signature: _____ Date: _____

Draft and credit card authorizations are only valid only during the year 2019. Renewals will not automatically occur.

Help Us Help You Support St. Paul's

- I/we have included St. Paul's in my/our estate plan and would like to be considered a member of *The St. Paul's 1876 Society*
- I/we would like to discuss a planned gift to St. Paul's.
- I/we are no longer active at St. Paul's—Please remove me/us from mailings.

Comments: