

St. John's Episcopal Church

Pledge Certificate for 2024

(Private and Confidential)

Address: City: State and Zip: Telephone Number: E-mail Address: As an expression of my/our commitment to St. John's Episcopal Church, I/we pledge to support its operations and mission for 2024, in the amount of: \$	Name:	
Telephone Number: E-mail Address: As an expression of my/our commitment to St. John's Episcopal Church, I/we pledge to support its operations and mission for 2024, in the amount of: \$	Address:	a1
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As an expression of my/our commitment to St. John's Episcopal Church, I/we pledge to support its operations and mission for 2024, in the amount of: \$ METHOD OF PAYMENT: I will pay by check on a monthly basis * I will pay by check once in the full amount on	Telephone Number:	
As an expression of my/our commitment to St. John's Episcopal Church, I/we pledge to support its operations and mission for 2024, in the amount of: \$ METHOD OF PAYMENT: I will pay by check on a monthly basis * I will pay by check once in the full amount on		
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□ I will pay by check on a monthly basis * □ I will pay by check once in the full amount on		-
□ I will pay by check once in the full amount on	METHOD OF PAYMENT:	
☐ I will pay by check twice a year on: ☐ (date) and (date) OR ☐ Bill my credit card as follows: Monthly in the amount of: (date)	☐ I will pay by check on a monthly basis *	
OR Bill my credit card as follows: Monthly in the amount of: (date)	☐ I will pay by check once in the full amount on	(date)
OR Bill my credit card as follows: Monthly in the amount of: (date)	☐ I will pay by check twice a year on:	
Bill my credit card as follows: Monthly in the amount of: (date)	(date) and	(date)
Monthly in the amount of: (date)	OR	
	☐Bill my credit card as follows:	
Signature(s): Date:	Monthly in the amount of : (date)	
	Signature(s): Date:	
* Please send me envelopes which may be used to remit pledge payments.	* Please send me envelopes which may be used to remit pledge pa	ayments.