



ST. JOHN'S EPISCOPAL CHURCH

Pledge Certificate for 2024

(Private and Confidential)

Name: _____

Address: _____

City: _____ State: _____ 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: \$ _____

METHOD OF PAYMENT:

- I will pay by check on a monthly basis *
- I will pay by check once in the full amount on _____ (date)
- 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)

Signature (s) _____ Date: _____

Please send me envelopes, which may be used to remit pledge payments