

ST. JOHN'S EPISCOPAL CHURCH Pledge Certificate for 2025 (Private and Confidential)

Nam	e:			
Addr	ess:	 		
City:		State:	Zip:	
Telep	ohone Number:			
E-ma	il address:			
	n expression of my/our commitmen ort its operations and mission for 20	•	•	. •
METI	HOD OF PAYMENT:			
	I will pay by check on a monthly l	basis *		
	I will pay by check once in the ful	ll amount on		(date)
	I will pay by check twice a year o	n:		
		(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