

MINISTRY PLEDGE COMMITMENT FOR YEAR 2017

NAME(S) _____

ADDRESS _____

CITY/ZIP _____

PHONE _____

E-MAIL _____

Accept this pledge as a symbol of my/our commitment to follow Jesus through the intentional practice of giving. I/We offer this pledge in gratitude for all the ways this community supports me/us in following the Way of Jesus.

Last year I/we pledged \$_____. This year in faith and prayer my/our total commitment is \$_____ to be paid *(Please indicate)*

Weekly Monthly Quarterly In one payment

envelopes required children's envelopes required

If you would like to charge your gift, please complete the credit card authorization.

If you would like to give by Direct Payments (ACH Debits) please fill out the back side of this card.

If you would like to give by Bill Pay, contact the church office for information, (805) 969-4771.

If you would like to donate marketable securities to fulfill your pledge, call Trista DeAngelis at West Coast Financial, (805) 962-9131. Please notify the Church when you authorize a transfer.

CREDIT CARD AUTHORIZATION

Please consider increasing your gift to account for 2-3% in processing fees, paid by All Saints for credit card donations.

My total 2017 annual gift to God and All Saints-by-the Sea Episcopal Church is \$ _____

Please charge my MasterCard VISA

one payment

two equal payments [January and July]

four equal payments [January, April, July and October]

twelve equal payments [monthly starting in January]

Day of month for charge 5th 15th 25th

If blank, your card will be charged on the 10th of the month.

Credit Card Number _____

Expiration Date _____ 3 Digit Code _____

Today's Date _____

Signature _____

