

St. Paul's Episcopal Church Stewardship Pledge

Making it possible to Worship, Serve, Grow

Name(s): _____

Address: _____

City / State: Zip _____

Email: _____ (where we will send a confirmation)

Daytime Phone: _____ (in case we need to clarify something)

Pledge Amount:

Total Amount Pledged for 2023: \$ _____

To be paid as: \$ _____ Per: _____ week _____ month _____ year

Electronic Funds Transfer:

_____ I am currently signed up for electronic funds transfer and wish to continue using this option for 2023 with no change to my bank account information on file.

_____ I am currently signed up for electronic funds transfer and wish to continue using this option for 2023 BUT I do have a change to my bank account information on file and would like to be contacted to update this information. *

_____ I am NOT currently signed up for electronic funds transfer but am interested in this option for 2023 and would like to be contacted. *

***Please complete the accompanying Automatic Contribution Draft Authorization Form and mail to the church using the instructions on the bottom of the form.**

Other Options:

_____ Please provide monthly pledge envelopes that can be mailed to the church or dropped in the offering plate.

_____ Please provide weekly pledge envelopes that can be mailed to the church or dropped in the offering plate.

_____ Please contact me about giving through a transfer of stock or other assets.

_____ Please provide information about remembering St. Paul's in my will.

*Please email your completed pledge form to financial@stpaulscary.org
Or Mail to **St. Paul's Episcopal Church, 221 Union Street, Cary, NC 27511**
Questions? Email financial@stpaulscary.org or call **919-467-1477 ext. 36***

THANK YOU!

St. Paul's Episcopal Church
Automatic Contribution Draft
Authorization Form

I (we) hereby authorize St. Paul's Episcopal Church herein after called St. Paul's, to initiate debit entries to my (our) checking account at the financial institution named below according to my pledge in equal installments:

Please check one:

____ Monthly: on or about the 15th of every month of 2023

\$ _____ Per Month, Totaling \$ _____ for 2023

Please attach a voided check associated with the financial institution listed below:

Financial Institution

City

State

Zip

Routing number

Account Number

This authority is to remain in full force and effect until St. Paul's has received written notification from me of it's termination in such time and in such manner as to afford St. Paul's reasonable opportunity to act on it.

Parishioner Name(s)-Please print clearly

Parishioner Email address (used only if we need to contact you with questions)

Parishioner Phone Number (used only if we need to contact you with questions)

X _____
Signature Date

X _____
Signature Date

Send mail completed form to: St. Paul's Episcopal Church
Attn: Brandy Satterfield
221 Union St
Cary NC 27511