

A Faith You Can Hold In Your Hands

Pledge of Support for the 2018 Annual Appeal

In gratitude for the blessings of life, to sustain and advance God's work at Calvary Episcopal Church, and to support the Church's operating needs during 2018, I/we will provide an offering of \$_____.

To be given _____ weekly _____ monthly _____ quarterly _____ other

Names (s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Signature _____ Date _____

____ I want to receive offering envelopes

____ I want to pay by credit or debit card

Please complete the section below to authorize an electronic payment

____ I want information about including Calvary in my will

DATE OF FIRST DONATION:	FREQUENCY OF DONATION: (check one only)	AMOUNT:
____/____/____	<input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Other	Total Annual Pledge: \$_____

CHECKING / SAVINGS TRANSACTION

CHECKING / SAVINGS


Please debit my donation from my (check one):

- Savings Account (contact your financial institution for Routing #)
 Checking Account (attach a voided check below)

Routing Number: _____

Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____


 Routing number Account number Check number

I authorize Calvary Episcopal Church and Vanco Services to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

CREDIT CARD TRANSACTION

CREDIT CARD

Please charge my donation to my (check one): Visa MasterCard American Express Discover Card

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address (if different from above): _____

I authorize Calvary Episcopal Church and Vanco Services to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

Please attach a voided check over the credit card section above if you are using a checking account.