

GRACE EPISCOPAL CHURCH

GRACE CHURCH

ANNUAL PLEDGE DRIVE

Our/my gift is \$ _____ for an annual total of \$ _____
per week / month / year (select one)

Name/s: _____

Address: _____
Street

City State ZIP code

Telephone(s): _____

Email Address: _____

Signature/Date: _____

- I do not wish to receive pledge envelopes (you will automatically receive pledge envelopes unless you check this box.)
- I would like information about Appreciated Stock Transfers.
- I would like information about using electronic transfer to pay my pledge.
- I would like information about paying my pledge with a credit card.