

 *growing together* 

St. John's Episcopal Church
PLEDGE CARD

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____

EMAIL: _____

Yes! I want to grow together! I am pleased to contribute financially to the ministries of St. John's Episcopal Church!

I will be donating as:

an individual a family

My commitment for 2019 is:

\$ _____



Thank you