



MEMBERSHIP PLEDGE 2009

Please complete and return to the church office at the address below, or place in the collection plate on any Sunday between now & Thanksgiving Day.

WITH GRATITUDE for all of God's wondrous gifts, and confirming our membership in the parish of *The Episcopal Church of St. Mary the Virgin*, I/We pledge to support our parish with

an offering of \$ _____ per year.

WHEN

I/we will pay our pledge: Monthly Quarterly Annually
 Weekly I will pick up weekly offering envelopes.

HOW

I/We will pay our pledge by (*check one*)

- Check or cash – OR –
- ThanksFirst:** Automatic withdrawal from your checking account (*complete section on back*)
- ThanksFirst:** Credit Card charge (**4% fee applies**) (*complete section on back*)
- Gift of appreciated stock** (*Please download, complete and return form from www.smvsf.org*)
- Donate Now via www.smvsf.org** (**\$8.00 fee applies when donating from website**)

Name(s): _____ City, ST ZIP: _____

Address: _____ Telephone _____

Household e-mail: _____

Your Signature _____ Date: _____

If this is your first time pledging, THANK YOU for joining us in faithful stewardship of all God's gifts to us.

(Please see other side)

FOR THANKSFIRST PAYMENTS – *Checking Accounts*

I hereby authorize St. Mary's to collect \$_____ on the ____5th or ____20th of the month from:

Checking Account Information

Routing # _____ Account # _____ (attach voided check)

**Routing number must start with 0, 1, 2, or 3; is 9 digits long;
and is located at bottom of check between these symbols | : | :**

I authorize the Episcopal Church of St. Mary the Virgin and Vanco Services, LLC, to process debit entries as indicated above from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

_____ Date: _____ ES 4338
Authorized Signature

FOR THANKSFIRST PAYMENTS – *Credit Card Accounts*

I hereby authorize St. Mary's to collect \$_____ on the 20th of the month from:

Credit Card Information

Credit Card - Type: VISA MasterCard Credit Card# _____

Exp. Date ____/____ Name as it appears on your card: _____

*A service fee of 4% will be added to each credit card charge to cover our additional transaction fees.
This authority is to remain in force until I revoke it by providing written notice to St. Mary the Virgin.*

_____ Date: _____
Authorized Signature