



MEMBERSHIP COMMITMENT 2010

Please complete and return to the church office at the address below, or place in the collection plate on any Sunday. Pledges received by November 1st will be blessed on the altar that day, All Saints Sunday.

WITH THANKS AND APPRECIATION for all of God's wondrous gifts to me,
I/We pledge to support *The Episcopal Church of St. Mary the Virgin* 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*)

Name(s): _____ Telephone _____

Address: _____ Household e-mail: _____

City, ST ZIP: _____

Your Signature _____ Date: _____

Check here if your employer offers matching gifts; we'll contact you to help you with the paperwork.

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