

**YES,** *in gratitude to God and as a faithful steward of God's bounty, I (we) will give a portion of my (our) income to St. Francis to support its programs, missions and ministries for the year span of 2007 ~ 2008.*

New     Change     Increase of Existing Pledge

### *Easy Monthly Pledging Options*

Please choose from one of the pledge options listed below

## **1 ELECTRONIC DEBIT**

Please electronically debit my bank account:

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank City, State \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

*(the first 9 digits at the bottom of your check)*

Account Number \_\_\_\_\_

Account Type     Checking     Savings

**A voided check must be included, not a deposit slip**

### **Authorization Agreement**

#### For Preauthorized Electronic Debits

I (We) authorize monthly debits in the amount of \$ \_\_\_\_\_ on the 5<sup>th</sup> of each month until I (we) give notification of cancellation as indicated below.

I (We) hereby authorize St. Francis Episcopal Church (Originator) to initiate debit entries and to debit the amount from my (our) checking/savings account indicated above and deposit the same amount into Heritage Bank (Depository).

This authority is to remain in full force until St. Francis Episcopal Church and Heritage Bank have received written notification from me (us) of its termination in such time and in such manner as to afford St. Francis Episcopal Church and Heritage Bank a reasonable opportunity to act on it.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*If this is a new pledge or you wish to change your account on record –  
please enclose a voided check*

## 2 OFFERTORY PLATE / MAIL-IN

I (We) will contribute \$ \_\_\_\_\_

Weekly  Quarterly

Monthly  Annually

Please provide me (us) pledge envelopes

## 3 CREDIT CARD CHARGE

Please charge \$ \_\_\_\_\_ on my (our):

Visa  MasterCard

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Contribution For: \_\_\_\_\_

## DONOR INFORMATION

*Please remember to fill out this section for all submissions*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Email \_\_\_\_\_

In Lieu of, or in addition to my (our) pledge, enclosed is a single donation in the amount of \$ \_\_\_\_\_.

*(to contribute by credit card, please complete the account information in Option 3)*

Please contact me (us) regarding how to include St. Francis Church in my (our) will or estate plan.

*"I release this gift knowing it returns to me a thousand fold"*

### *Thank You!*

Mail to St. Francis Episcopal Church  
ATTN: Pledge Processing  
1205 Pine Avenue, San Jose, CA 95125  
408-292-7090 voice  
408-292-7091 fax  
stfran@stfrancisepiscopalchurch.org