



PLEDGE CARD

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

I/We plan to give \$ \_\_\_\_\_ each.     week     month

for an annual total of \$ \_\_\_\_\_ towards our mission and ministry.

I/We understand that this pledge can be changed at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_



- I would like information about Appreciated Stock Transfers
- I would like information about paying with a credit card.
- I would like information about electronic transfers of pledges.
- I would like information about QCD (Qualified Charitable Distribution).
- I would like information on how to include St. Aidan's in my Will.

**WHAT BRINGS YOU JOY AT ST. AIDAN'S? WHERE HAVE YOU FELT GOD'S JOY HERE?**

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