

Stewardship Form

Name _____

Address _____

Envelope No.: _____

In response to God's love and as a concrete expression of my/our faith in and with Christ and the Church,

My / Our Commitment to support St. John the Evangelist Church is:

\$ _____ per week ___ month ___ quarter ___ year ___

I / We would like our pledge automatically withdrawn from our checking / savings account.

(Please complete the Automatic Withdrawal Form)

(There is no cost to participate in this program)

**Automatic Withdrawal
Member Authorization Form**

Name: _____

Address: _____

Envelope No.: _____

Effective Date: _____

New Authorization _____

Change Contribution Amount _____

Change Contribution Date _____

Change Financial Institution Account _____

Discontinue Electronic Giving _____

Please take my contribution directly from the account specified:

Checking Account No.: _____

Savings Account No.: _____

Routing No.: _____

