

Stewardship Pledge Form

Name _____ Envelope No. _____

Address _____

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 ___ semi-monthly ___ 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___ **I/We would like our pledge automatically withdrawn from our checking/savings account.**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)

Return this portion. This may be revised if circumstances change.

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.: _____

Checking Account (attach a voided check)

Savings Account (attach a savings deposit slip)

Regular Contribution

Monthly _____ (1st or 15th)

Semi-monthly _____ (1st and 15th)

Quarterly _____ (1st day of Q)

Annually _____ (Transferred on _____)

Regular Contribution Amount

General Fund \$ _____

Special Contributions

Building Fund (1st or 15th) \$ _____

Easter Offering (April 1st) \$ _____

Christmas Offering (Dec 15th) \$ _____

I authorize **Church of St. John** and **Vanco Services, LLC** to process debit entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account: _____ Date _____