



# St. Paul Lutheran Church Pledge Form

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pledge: \$ \_\_\_\_\_

Annual

Quarterly

Monthly

Weekly

Date of Pledge: \_\_\_\_\_

For Calendar Year: \_\_\_\_\_

This is:

My/our first time pledging to St. Paul

An increase over last year's pledge

The same as last year's pledge

A decrease from last year's pledge

Please contact me/us about setting up automatic payments of this pledge