



Financial Promise 2017

Community in Transition

Name: _____

Envelope #: _____

*In gratitude for all God's blessings
I/we wish to pledge to St. Philip's Church in 2017*

Ministry of the Parish Week Month Year
Outreach Week Month Year
Other (please specify) Week Month Year

___ I/we will use Offertory envelopes (please assign me a set)
___ I/we would like to use automatic monthly debit or Visa/MasterCard
(Please provide details below)

The Stewardship Committee encourages you to consider using automatic monthly debits or Visa/MasterCard, as doing so assists the church in ensuring an even receipt of gifts throughout the year.

Signed: _____
*Commitments may be amended
at any time*

Pre Authorized Donations:

___ I/we would like to use automatic monthly debit
(attach voided cheque)
___ I/we would like to use Visa/MasterCard for automatic monthly withdrawals.

Visa/Mastercard # _____ Expiry Date _____

Signature: _____ email: _____