



St. Luke's Episcopal Church
Gladstone, New Jersey

*Stewardship Campaign Pledge Certificate
for 2018
"One Family in Christ"*

*Accept this Pledge Certificate as an
expression of my/our worship in
thankfulness
and giving back to Christ as I/we have
received*

Name: _____
Address: _____
Preferred telephone: _____ Email: _____

My/our 2017 pledge was \$_____.

*Please consider increasing your pledge for 2018
I/we pledge for 2018: \$_____.*

Please check only one payment option—please remember that we especially appreciate those who give by check or direct debit as a credit card fee is assessed to us:

- ☐ Attached check for my/our 2018 pledge
☐ In a single payment on _____ (please specify date)
☐ By regular offerings throughout the year ☐ (Please check for pledge envelopes)
☐ By automated bank debit (please complete the reverse side of this form)
☐ By transfer of assets in kind ☐ by 12/31/17 ☐ during 2018 (check one)
☐ I authorize St. Luke's to debit my Visa/Master Card (please complete below)
Account# _____ Expiration Date: _____
\$ _____ One time on 12/15/17
\$ _____ On the first of each quarter in 2018
\$ _____ On the first of each month in 2018

Please complete, sign and return your completed Pledge Certificate to St. Luke's Church, P.O. Box 605, Gladstone, NJ 07934 or place it in the offering plate by **November 12, 2017**.

You will be sent a confirmation letter, envelopes if you have requested them and a statement for use in filing your tax returns.

Optional Request of Further information:

- ☐ I/we are interested in information about planned giving (estate planning, charitable trusts, etc).
☐ I/we have made provisions in our estate plan for a gift to St. Luke's.
☐ I/we are interested in making a separate gift in addition to the annual support listed above for general purposes or a special project.

Signed: _____

All credit card, bank or financial depository information provided in this form shall remain confidential and used solely for the purpose of processing the authorized credit card charge or bank debit.

St. Luke's Automated Bank Debit Enrollment

Please use this form to enroll, change the account or increase your automated bank debit contribution.

To enroll your pledge: Complete Parts A, B, C and E

To increase your pledge: Complete Only Parts A, D and E

To change your bank account information: Complete Only Parts A, C and E

Part A

Select One: ☐ New enrollment ☐ Increase amount ☐ Change account

Part B

New enrollment—Please select one of the following for frequency and amount of transfers

☐ 1st of each month or next business day in the amount of \$_____

☐ 15th of each month or next business day in the amount of \$_____

☐ 1st and 15th of each month or next business day in the amount of \$_____

When do you want the auto-debit to begin? (*date of first transaction*)_____

Part C

Bank Account Information—Select one: ☐ New Enrollment ☐ Change Account

Please take my pledge payment directly from my—

☐ Checking Account (*attach voided check or deposit slip*)

☐ Savings Account (*attach deposit slip*)

Name of Bank _____

Account Number _____

ABA Routing Number (# between the I:I: symbols) _____

Part D

Please increase my monthly/bi-monthly transfer to the following amount (select one)

☐ 1st of each month or next business day in the amount of \$_____

☐ 15th of each month or next business day in the amount of \$_____

☐ 1st and 15th of each month or next business day in the amount of \$_____

When do you want the increased auto-debit to begin? (*date of first transaction*:_____)

Part E

I authorize St. Luke's Episcopal Church to process debit entries to my account as indicated on this form.

This authority will remain in effect until I give reasonable notification to terminate this authorization.

Please be sure to attach a voided check with this form if it is a new enrollment or you are changing accounts.

Signature:_____

Date:_____