

Gathering in Love to Serve

St. John in the Wilderness 2009 Pledge Form

Annually, many give their time, talent & treasure to St. John in the Wilderness. This is what makes us an active & successful faith community and good Episcopalians. Our 2009 goal is 100% participation in giving of some kind. We seek to meet the needs of this thriving Program Church, and your support to at least a 3% increase over your giving of last year – as you are able. We also seek to increase the pledging of treasure from 60% of households. **Please return this form to church by or on Commitment Sunday, September 28, 2008.**

1. Heritage Society/Endowment Giving (Check if applicable.)

I/We have St. John in the Wilderness in my/our estate plans. Please contact me/us for verification.

I/We want to begin a planned giving process with St. John's. Please contact me/us.

2. I/We pledge the following *total* amount for 2009 \$ _____

3. 2009 mode of giving (Please circle.)

Yes/No I/We have completed the Vanco Services Electronic Fund Transfer form on the reverse side.

if giving by check, cash, or stock, please circle one frequency below.

Weekly, 52 pmts	Semi-monthly, 24 payments	Monthly, 12 pmts	Quarterly, 4 pmts	Semi-yearly, 2 payments	Yearly, specify payment date:
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4. **Yes/No** (Please circle one.) *I/We have pledged 52 weekly cash or check payments and want a 2009 weekly pledge envelope book. I/We understand this pledge form must be received in St. John in the Wilderness by or on Commitment Sunday, September 28, 2008, for a weekly pledge envelope book to be ordered for me/us.*

Please print name of *individual* to whom this pledge shall be credited, even if it is on behalf of an entire household.

Printed Individual Name _____

Household Street Address _____

Household City, State, & Zip Code _____

Signed _____ **Date** _____

AUTHORIZATION FORM

Church of St. John in the Wilderness

ES8936

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____		
Type of Authorization Form:	<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
	<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
	<input type="checkbox"/> Change donation date	

Last Name	First Name
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Address

City	State	Zip
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Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
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DATE OF FIRST DONATION: ____/____/____ Monthly is preferred donation frequency.	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly — Mondays <input type="checkbox"/> Semi-Monthly — 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> General Fund \$ _____
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AGREEMENT I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____
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