

TRINITY EPISCOPAL CHURCH

PLEDGE FOR JANUARY 1 – DECEMBER 31, 2012

Please return this card to The Treasurer, Trinity Episcopal Church
P.O. Box 127, Upperville, Virginia 20185

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____ Date: _____

Signed: _____

In thanksgiving to God and in support of the ministry of Trinity Church:

I (we) pledge \$ _____ for calendar year 2012

Note: This pledge may be revised upon notice to the Treasurer

I (we) intend to make payment (please check one):

Weekly Monthly Quarterly Annually

Optional information, please check if applicable:

- Please provide envelopes.
- I will commit to pray for the Stewardship of Trinity Church.
- I would like to discuss my pledge with the Rector.
- I would like to discuss my pledge with a member of the Stewardship Committee.

To use direct debit or credit card, please complete form on reverse side.

To contribute online, visit trinityuppperille.org and follow the instructions.

THANK YOU
for pledging to
support Trinity Church
throughout 2012.
By your sacrifice,
you acknowledge God
as the Giver
of all we have.
As a result of your
stewardship, Trinity
Church can continue in
faithful witness to the
Gospel, and in
service to others.



A PRAYER ATTRIBUTED TO ST. FRANCIS

Lord, grant that we may not so much seek to be consoled as to console; to be understood as to understand; to be loved as to love. **For it is in giving that we receive;** it is in pardoning that we are pardoned; and it is in dying that we are born to eternal life. *Amen.*

The Book of Common Prayer, 833

ACH DEBIT AUTHORIZATION FORM FOR 2012

I (we) hereby authorize Trinity Church, hereafter called COMPANY, to initiate debit entries to my (our) Account indicated below and the financial institution below, hereafter called FINANCIAL INSTITUTION, to debit the same to such account for monthly pledge amount. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

Financial Institution Name _____ Branch _____
Address _____ City & State _____ Zip _____

Checking Savings
(Routing Number) (Account Number)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name(s) _____
Signature(s) _____ Date _____

CREDIT CARD PAYMENT AUTHORIZATION FORM FOR 2012

My credit card will be charged:

once per month once for 2012 on _____ (date)

Credit Card, please circle: VISA or MASTER CARD

Account Number: _____ Expiration Date _____

Print Name _____

Signature _____ Date _____

Billing address (address your credit card bill is sent to)

TO CONTRIBUTE ONLINE, VISIT TRINITYUPPERVILLE.ORG AND FOLLOW THE INSTRUCTIONS

Using the gifts God has given us, to do the work God is calling us to do

TRINITY STEWARDSHIP

2012

**GIVE, AND IT WILL BE GIVEN TO YOU.
FOR WITH THE MEASURE YOU USE,
IT WILL BE MEASURED TO YOU.**

Thank you for your support of Trinity Church