

Church of the Ascension and Saint Agnes
2024 PLEDGE COMMITMENT FORM

Name(s): _____

Mailing Address: _____

E-mail: _____

My/Our pledge for 2024 will be: \$ _____

Would you consider the ancient and sacred tradition of tithing?

10% of my income will be: \$ _____

This pledge will be made: weekly monthly quarterly annually

I would like to receive pledge envelopes.

Signature(s): _____ Date: _____

Please update my contact
 Information.

Name		DOB (Please provide month/day/year) <div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	
Name		DOB (Please provide month/day/year) <div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	
Street Address	City	State	Zip
		Telephone Number(s)	
Email		()	Home
Email		()	Cell
I would like to continue to receive the weekly parish newsletter.		<input type="checkbox"/> Yes <input type="checkbox"/> No	() Work