Christ Church Woodbury Estimate of Giving Card for Fiscal Year 2021

Stewardship Pledge Amount: \$_____

□ Per week □ Per month

□ Per year □ Annual Gift

Name: _____

Telephone:

Address: _____

E-mail(s):

May we place your individual or family name in the service sheet as a testimonial of your support? (Your pledge amount will be held in the strictest confidence and not published). \Box Yes \Box No

Name to be placed in service sheet:

You are not only invited, but strongly encouraged to make your giving even more convenient by signing up for automatic electronic giving. *Simply complete the form on the back of this card.*

Thank you for your faithful stewardship!

Are you a distant member or friend of Christ Church? Your one-time annual gift will embolden our mission reach. This offering will also ensure you continue to receive regular newsletters and communications from Christ Church.

Enclosed is my one-time annual gift of :

\$			

I pledge a one-time annual gift of:

\$_____

Please place this card in the offering plate by the Feast of Saint Michael and All Angels Sunday, September 27th, or mail to the Parish Office of Christ Church.

Christ Church

62 Delaware Street, Woodbury, NJ 08096 856- 845-0190 office@christchurch.woodburynj.org www.christchurch.woodburynj.org

ELECTRONIC GIVING AT CHRIST CHURCH

First and Last Name:						
Phone: Email:						
Total Amount of Givir	ng for 2021: \$					
Payment Amount & F	requency:	Weekly (each Friday)	Monthly (on the 15th)	Yearly (1/1/2021)		
Account Type:	□ Checking	□ Savings				
Account Number:						
IN ORDER TO CON		REEMENT, YOU MUST ATTA (WITH ACCOUNT NUMBER	ACH A VOIDED CHECK OR SAVIN) TO THIS FORM.	GS DEPOSIT TICKET		
that authorization is car	ncelled, or Decemb any current electro	ber 31st 2021. I agree to noti	inds on the mutually agreed upon fy Christ Church in writing of any chexpire on December 31, 2020, and	nanges to the designated		
Signature:		I	Date:			
	Please retu	urn this card to the parish o	ffice by December 15, 2020			
		ELECTRONIC GIVING AT (CHRIST CHURCH			
First and Last Name:						
Phone:	Email:					
Total Amount of Givir	ng for 2021: \$					
Payment Amount & F	requency:	Weekly (each Friday)	Monthly (on the 15th)	Yearly (1/1/2021)		
Account Type:	Checking	□ Savings				
Account Number: _						
IN ORDER TO COM		REEMENT, YOU MUST ATTA (WITH ACCOUNT NUMBER	ACH A VOIDED CHECK OR SAVIN 2) TO THIS FORM.	GS DEPOSIT TICKET		
that authorization is ca	ncelled, or Decem any current electr	ber 31st 2021. I agree to not	unds on the mutually agreed upon ify Christ Church in writing of any c expire on December 31, 2020, and	hanges to the designated		
Signature:			Date:			
	Dianco rati	urn this card to the parish a	ffice by December 15, 2020			

Please return this card to the parish office by December 15, 2020