

Stewardship at St. Alban's 2010

I/we pledge \$ _____ per

week month year or twice monthly

to share in the renewed ministry God now prepares for us.

Would you like pledge envelopes? yes no

St. Alban's Parish

3001 Wisconsin Ave., NW, Washington, DC 20016
202-363-8286 ~ AlbansDC.org

This pledge is not a legal obligation and may be changed upon notification to the Parish Finance Director.

PLEASE PRINT LEGIBLY

Name _____

Address _____

City _____

State/Zip _____

Telephone _____

Email _____

Signature

Date

If you would like your pledge to be directly transferred from your checking or savings account, complete the authorization on the reverse side.

Direct Debit Authorization

I/we authorize St. Alban's Parish to debit the amount of \$ _____ monthly, or the amount of \$ _____ twice-monthly from my/our

- checking account*
 savings account at the financial institution named on this card.

**A voided check must be submitted with this pledge card.*

Monthly debits may be withdrawn from the account on the first of each month. Twice monthly debits may be withdrawn from the account on the first and the fifteenth of each month.

This Direct Debit Authorization will remain in effect until the pledge is paid in full; until December 31, 2010; or, until until St. Alban's Parish has received written notification of its termination in such time and manner as affords St. Alban's and the financial institution a reasonable opportunity to act upon it, whichever comes first.

PLEASE PRINT LEGIBLY

Financial Institution _____

Address _____

City _____

State/Zip _____

Routing number _____

Account number _____

Signature

Date