

Saint Michael and All Angels Episcopal Church



Update My Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Questions?

Call the Stewardship Office
at 214-365-3557

Or log on to www.saintmichael.org/stewardship

*For where your treasure is,
there your heart will be also.
Matthew 6:21*

Stewardship 2014

Name: _____

Please complete contact information on reverse side

☐ Individual ☐ Joint

I pledge to give \$_____ to further the
work of Christ through SMAA during 2014.
(Please list annual amount)

I plan to make payments:

☐ Weekly ☐ Monthly ☐ Quarterly

☐ Two payments in months: _____ & _____

☐ One payment in the month of: _____

Comments: _____

Offering envelopes? ☐ Yes ☐ No

Quantity: ☐ 52 ☐ 12 ☐ Other _____

Sunday Bulletin Listing

List my name as:

☐ Do not include my name on the list for Sunday Bulletins

Method of Payment:

I authorize SMAA to process my electronic payments:
(provide details and sign below)

◆ Bank Account Draft: ☐ Use Account on file

Name on Acct: _____

Bank Routing Number: _____

Account Number: _____

◆ Credit Card: ☐ Use Credit Card on file
(Credit card fees cost SMAA over 3%)

☐ Please add 3% to my total pledge so that 100% of
my gift can be utilized by SMAA.

Name on Card: _____

Acct Number: _____

Exp. Date: _____/_____/_____

Signature: _____