

St. Joseph Church Enhancement Pledge

Name: _____

Address: _____

Phone #: _____ **2nd Phone #:** _____

Email address: _____

I/we pledge to the St. Joseph Church Enhancement Campaign as follows:

Amount of Pledge: \$ _____

Initial Payment:

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Date received _____

Balance: \$ _____

Please indicate type of initial payment:

(Cash, Check, Other)

Monthly Statements will be sent.

I will pay my pledge by:

_____ Check

_____ Cash

_____ myEoffering

_____ Stock

_____ Planned Gift

Pledge will be paid in full in:

_____ 12 months

_____ 18 Months

***All campaign pledges to be paid in full
by January 31, 2022.***

_____ *This pledge is in addition to the previous pledge I made to the Church Enhancement.*

My company matches gifts: Name of Company _____

Special Instructions: _____

Signature: _____ **Date:** _____