

Trinity Episcopal Church Annual Pledge Drive



PRINT NAME: _____

I/We hereby make the following annual pledge to Trinity:

\$ _____ Monthly

\$ _____ Quarterly

\$ _____ Yearly

PLEASE CHECK ONE:

I prefer to receive my monthly contribution statements

via regular mail

via email

Preferred Email:

I need envelopes. Yes No

I would like more information about Membership at Trinity.

Yes No

SIGNATURE:
