

ANNUAL PLEDGE FORM

_	od has provided, I/we wish to Illowing pledge in 2025: \$	o join with others in support of our
My/Our gift will be given in installments of \$ (date) and (date)		that will be given between
Weekly		
Monthly		
Quarterly		
My intention is to comp	elete my full pledge by (date))
Name:		
Address:		
City/State/Zip: _		
Phone Number:		
Email:		
Thank you for your pledg	ge to St. John's. All gifts, no ma	atter the amount, are greatly appreciated.
Please mail your pledge	e form and/or pre-dated pay	ments to:
St. John's Episcopal Ch	urch - Chester	
12201 Richmond Stree	et	
Chester, VA 23831		

Questions? Contact Donna Thibault at donnat@stjohnschester.com or call the Church Office at (804) 748-2182.