

ANNUAL PLEDGE FORM

My/Our gift will be given in installments of \$		that will be given between
	and (date)	
We	eekly	
Monthly		
Qu	arterly	
My intention is	to complete my full pledge by (date))
Name:		
Address	:	
City/Stat	e/Zip:	
Phone N	lumber:	
Email:		
Thank you for yo	our pledge to St. John's. All gifts, no ma	atter the amount, are greatly appreciated.
Please mail you	ır pledge form and/or pre-dated pay	rments to:
St. John's Episo	copal Church - Chester	
12201 Richmo	nd Street	
Chester, VA 23	831	

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