



Stewardship 2017

St. Stephen's Episcopal Church

I/We pledge the amount of \$ _____ for 2017

Name: _____

____ A check for the full amount is enclosed

Address: _____

____ I/We plan to pay _____ per _____ by check

City, State ZIP: _____

____ Please charge my VISA/MC for the full amount

E-Mail: _____

____ Please charge my VISA/MC for \$ _____ per month
for ____ months

Phone: _____

Credit Card # _____

Exp. Date _____ 3 Digit Sec. Code _____

Thank you for your support of St. Stephen's Episcopal Church!

Name as it appears on card _____

Signature _____

Please note that the church will incur an expense of
approx. 4% on your credit card payments