# St. Barnabas **Episcopal Church**

## *Pledge form*

Please complete your details below:

*Name(s)* .....

*Street* .....

*(Apt.)* .....

*Town/City* .....

*State, Zip* .....

*Phone* ( ) –

*Email* .....

*Recognizing that the support of every member is valued and vital to the mission of St. Barnabas, and in thanksgiving for the blessings I/we have been given, I/we pledge to contribute to the mission and ministries of St. Barnabas:*

| | | Week | Month | Quarter | Year |
|---|---|---|---|---|---|
| $ ..... | *per* | ☐ | ☐ | ☐ | ☐ |

☐ *I would like a boxed set of offering envelopes.*

☐ *I have remembered St. Barnabas in my will.*

.....

*Signature*

Please return this form to the church by placing it in the offering plate or by mailing it to: **St. Barnabas Episcopal Church, 22W415 Butterfield Rd, Glen Ellyn, IL 60137**


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