

## St. John's Episcopal Church, Norwood Parish

Keep our Kitchen Cooking Appeal
For questions or more information, please contact:
Henry Crossman, Project Lead
william.h.crossman@gmail.com



| Name  |                                  |                   |               |                |                 |
|---|----------------------------------|-------------------|---------------|----------------|-----------------|
| Address   |                                  |                   |               |                |                 |
| City  |                                  |                   |               | State          | Zip             |
| Preferred Phone (Home/Work/C                          | Cell)                            |                   | (Email)       |                |                 |
| KEEP OUR KITCHEN COOKING                              | COMMITMEN                        | Т                 |               |                |                 |
| I/We pledge \$in su                                   | pport of St. Jo                  | hn's Kitch        | en Upgrades   |                |                 |
| I/We plan to make my/our contr                        | ribution in the fo               | orm of:           |               |                |                 |
| ☐ Check ☐ Credit Card vi                              | ia Breeze □S                     | Stock $\square$ C | other         |                |                 |
| Please contact <u>finance@stjor</u><br>indicate "Keep | hnsnorwood.or<br>o our Kitchen C |                   | •             | •              | nations. Please |
| PAYMENT SCHEDULE  ☐ One-time payment                  |                                  |                   |               |                |                 |
| ☐ I/We prefer to pay this amou                        | int over time:                   | ando in           |               | of             |                 |
| First payment of \$                                   | will be if                       | lade in           | (Month)       |                |                 |
| Remaining payments to                                 | be made I                        | Monthly           |               |                |                 |
| Final payment of \$                                   | will be r                        | made in           | (Month)       | _ of<br>(Year) |                 |
| GIFT RECOGNITION<br>My/Our names should appear a      | s follows:                       |                   |               |                |                 |
| This gift should remain anonym                        | ous:                             |                   |               |                |                 |
| This gift is made in memory:                          |                                  |                   |               |                |                 |
| This gift is made in honor of                         |                                  |                   |               |                |                 |
| Special Notes:  |                                  |                   |               |                |                 |
| Thank you for your gift to St. organization (#52-0607 |                                  |                   |               |                |                 |
| Donor Signature                                       | Date                             | Do                | onor Signatur | е              | Date            |
| St. John's Representative<br>Signature                | Date                             |                   |               |                |                 |