

Mary Magdalene Church  
Building a Prospering Community  
Pledge Form

Parishioner Information: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I consider myself/ourselves a member of Mary Magdalene Church: \_\_\_ yes \_\_\_ no

I would like my/our contact information included in the Parish Directory: \_\_\_ yes \_\_\_ no

On behalf of the Board of Trustees, we invite you and your family to participate in our Stewardship Program. This program is designed to help us raise funds to support Mary Magdalene Church and to encourage everyone to take an active part in the life of the church. We appreciate the gifts of your time, talents and treasures and know we are richer because you are with us!

**Donation Forecast:**

For 2017, I plan to give: \_\_\_\_\_ per week OR \_\_\_\_\_ per month OR \_\_\_ Unable at this time

I understand this is simply a prediction and may change depending upon personal circumstances. The purpose of this form is to help the Trustees in planning for the budget year 2017.

**Options for Giving:**

\_\_\_ I would like to arrange to have my donation to Mary Magdalene Church electronically given using a debit/credit card. **Please also complete the Authorization form on the back of this form.**

\_\_\_ I am interested in setting up bill-pay through my bank. I will complete the necessary process with my bank. (Your bank will mail a check to Mary Magdalene Church. The only information they will need is the church name and mailing address. Please mail to: Mary Magdalene Church, 1008 Main Street, East Rochester, NY 14445)

\_\_\_ I prefer to give in the collection basket at Sunday Mass.

PLEASE DO NOT PUT IN COLLECTION BASKET.

PLEASE DEPOSIT IN STEWARDSHIP LOCKBOX LOCATED ON THE GREETING TABLE.

If you have any questions please contact Eric Wolf at 585 317-0633 or Michele Vedora at 585-703-3745.

Mary Magdalene Church  
Credit/Debit Authorization Form

Credit/Debit Card Information

DATE: \_\_\_\_\_

I authorize Mary Magdalene Church to automatically bill the card listed below as specified.

Amount: \$\_\_\_\_\_ Frequency: \_\_\_ weekly OR \_\_\_ monthly

Start giving on \_\_\_/\_\_\_/\_\_\_\_\_

End automatic giving on: \_\_\_/\_\_\_/\_\_\_\_\_ OR \_\_\_ when I request cancellation

Mary Magdalene Church Accepts: \_\_\_ VISA \_\_\_ Master Card \_\_\_ Discover

Name as it appears on credit/debit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Credit/Debit card number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_\_\_

CCV Code \_\_\_\_\_ (the 3 or 4 digit number on your card)

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Thank you for your gift! We're glad you're a part of Mary Magdalene Church and we appreciate your generous support.

***NOTE: This form needs to be completed annually.***

PLEASE DO NOT PUT IN COLLECTION BASKET.

PLEASE DEPOSIT IN STEWARDSHIP LOCKBOX LOCATED ON THE GREETING TABLE.