

MARY MAGDALENE CHURCH PLEDGE FORM
(This form needs to be completed annually.)

Parishioner Information: _____ Date: _____

Name(s): _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

I pledge _____: ___ per week **OR** ___ per month **OR** ___ Bi-monthly (the 1st and 15th of the month.)

Payment Method:

____ Electronic debit/credit card. **(Complete the Authorization portion of the form below.)**

____ Bill-pay through bank. (Complete the necessary process with bank. The church name and mailing address is Mary Magdalene Church, 1008 Main Street, East Rochester, NY 14445)

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

Mary Magdalene Church
Credit Card Authorization Form

Mary Magdalene Church Accepts: _____ VISA _____ Master Card _____ Discover (Check One)

Name as it appears on credit 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: _____

Effective _____, I authorize Mary Magdalene Church to automatically bill the card as listed below:

Amount: \$ _____ Frequency: ___ Weekly **OR** ___ Monthly **OR** ___ Bi-monthly (the 1st and 15th of the month.)

Allow up to 30 days to activate. Automatic giving will continue unless notified to cancel or to the end date indicated here _____. Pledge amounts may be changed or cancelled with 30 day's notice.

DO NOT PUT FORM IN COLLECTION BASKET.

**PLACE IN STEWARDSHIP LOCKBOX LOCATED ON THE GREETING TABLE OR MAIL TO
MARY MAGDALENE CHURCH, 1008 MAIN STREET, EAST ROCHESTER, NY 14445.**

Thank you for your gift! We're glad you're a part of Mary Magdalene Church and we appreciate your generous support. If you have any questions please contact Michele Vedora at 585-703-3745 or Sue Pagano at 585-586-1491.