

*St. Paul the Apostle Church
Ministry Center
Third Sunday Pledge*

Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Envelope #: _____

I would like to make a pledge donation of:

\$ 5 per month \$ 10 per month

\$25 per month \$ 50 per month

\$75 per month \$100 per month

For a period of 1 2 years

or

I would like to make a one-time donation of:

\$100 \$250 \$500

\$1,000 \$ _____ (other)

On-line giving

Checks may be made payable to St. Paul the Apostle Church

Signature

Date

*(Please complete and return it to the Parish Office
or drop it in the offertory basket)*

Thank you for your continuous support!