



Stewardship 2018
St Stephen's Episcopal Church

With God's help, I/We pledge the amount of \$ _____ for 2018.

Name: _____

____ Payments will be by check.

Address: _____

____ Please charge my Credit Card for:

City, State, Zip: _____

____ the full amount

____ \$ _____ per month for _____ months

Credit Card # _____

Email: _____

Exp. Date _____ 3 Digit Sec. Code _____

Phone: _____

Name as it appears on card:

Signature: _____

Please note that the church will incur an expense of approx. 4% on your credit card payments.

Thank you for your support of St Stephen's Church!