

Family Name: _____

Envelope Number: _____
(You can find your Parishioner Registration number on your giving envelope)

Address: _____

City: _____ State, Zip: _____

Email: _____

1. I/We pledge the total amount of \$_____ to be paid over a period of **three years**.

2. The payment of our pledge will be made:

Annually Semi-Annually Quarterly Monthly Other: _____

3a. We are enclosing an initial payment of \$_____ and our regular payments will begin on _____ (Make checks payable to San Clemente)

Payment will be made by: Check Checking/Savings
 We Share (See <http://www.sanclementeparish.org> for more information)

Signature: _____ Date: _____

Please drop your Pledge Card at the Church office or place in the collection basket
Your gift is tax deductible and not legally binding, but please consider it a moral intent to honor.