

Stewardship of Treasure for St. Katharine Drexel Parish

Commitment for 2021

“How can I repay The Lord for all the great good done to me?” Psalms 116:12

We (I) understand that our (my) pledge will have a powerful impact in our (my) life as well as the life of St. Katharine Drexel Parish. The combined total of parishioner contributions not only affects our budgetary planning process, but also our ability to serve the broader community and our vision for the future.

We (I) prayerfully commit to making a financial gift to St. Katharine Drexel Parish on a regular basis during the coming calendar year. This commitment recognizes that we have been called, through baptism, to participate in the mission of the Church, and that God is the source of all life and all that we have.

We (I) recognize that this commitment is made before God and is not legally binding.



As faithful stewards, strive to maintain giving in proportion to the gifts you have received.

Please clearly print name and address in this box , or apply an address label

5% COMMITMENT CHART

Annual Income	Contribution		
		\$1250	
		\$1500	
	\$24.04	\$125.00	\$1750
\$25,000	\$28.55	\$145.83	\$2000
\$30,000	\$33.65	\$166.67	\$2500
\$35,000	\$38.46	\$208.33	\$3000
\$40,000	\$48.08	\$250.00	\$3500
\$50,000	\$57.69	\$291.67	\$4000
\$60,000	\$67.31	\$333.33	\$4500
\$70,000	\$76.92	\$375.00	\$5000
\$80,000	\$86.54	\$416.00	
\$90,000	\$96.13	Yearly	
\$100,000	Monthly	Contribution	
Weekly	Contribution		

“The success or failure of parish programs, the vitality of parish life, or its absence, the ability or inability of a parish to render needed services to its members and the community depends on all.”

Stewardship: A Disciple's Response
U.S. Bishops' Pastoral Letter

Our (my) commitment for 2021 is: \$_____ per ___ week ___ month ___ year

Signature(s) _____

Date _____

Please send information on how to include St. Katharine Drexel Parish in my will. _____

Electronic Fund Transfer (EFT) Option:

You may electronically transfer \$_____ per month. These transfers will take place on the 1st of each month from my (select one):

Checking account ___ (you must attach a voided check)

Savings account ___ (you must attach a savings deposit slip)

Signature: _____

Date _____

***Please note:** if you already participate in this option, you do NOT need to send in another check/slip. Just note the amount per month you would like donated.*