



**St. Francis**

**YES,** in gratitude to God and as a faithful steward of God's bounty, I (we) will give a portion of my (our) income to St. Francis to support its programs, missions and ministries for the year span of \_\_\_\_\_.

New  Change  Increase of Existing Pledge

**DONOR INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

In addition to my (our) pledge, enclosed is a donation in the amount of \$ \_\_\_\_\_.  
*(to contribute by credit card, please see Option 3)*

Please contact me (us) regarding how to include St. Francis Church in my (our) will or estate plan.

**Mail to St. Francis Episcopal Church**  
ATTN: Pledge Processing  
1205 Pine Avenue, San Jose, CA 95125  
408-292-7090 -- 408-292-7091 fax  
[office@stfranciswillowglen.org](mailto:office@stfranciswillowglen.org)



**1 ELECTRONIC DEBIT**

Account:  Checking  Savings

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Bank City, State \_\_\_\_\_

Bank Routing Number: *(first 9 digits at the bottom of your check)* \_\_\_\_\_

Account Number \_\_\_\_\_

**Authorization Agreement**  
For Preauthorized Electronic Debits

I (We) authorize monthly debits in the amount of \$ \_\_\_\_\_ on the 5<sup>th</sup> of each month until I (We) give notification of cancellation as indicated below.

I (We) hereby authorize St. Francis Episcopal Church (Originator) to initiate debit entries and to debit the amount from my (our) checking/ savings account indicated above and deposit the same amount into Heritage Bank (Depository).

This authority is to remain in full force until St. Francis Episcopal Church and Heritage Bank have received written notification from me (us) of its termination in such time and in such manner as to afford St. Francis Episcopal Church and Heritage Bank a reasonable opportunity to act on it.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*If this is a new pledge or you wish to change your account on record,  
**Please enclose a voided check.***

**2 OFFERTORY PLATE / MAIL-IN**

I (We) plan to contribute \$ \_\_\_\_\_  
 Weekly  Quarterly  
 Monthly  Annually

**3 ONE-TIME CREDIT CARD CHARGE**

To make a one-time credit card charge, please indicate the amount of your pledge below, then go to [www.stfranciswillowglen.org](http://www.stfranciswillowglen.org) and use the PayPal button at the bottom of the page to make your payment.

Account Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Contribution Amount \$ \_\_\_\_\_