



**St. Paul's**  
EPISCOPAL CHURCH  
221 UNION ST | CARY, NC, 27511

**2024 Pledge to St. Paul's Episcopal Church**  
**Moving our community "Forward Together in Faith"**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City / State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ (to send a confirmation)

Daytime Phone: \_\_\_\_\_ (in case we need to clarify something)

**Pledge Amount:**

Total Amount Pledged for 2024: \$ \_\_\_\_\_

To be paid as: \$ \_\_\_\_\_ Per:  week  month  year

**Electronic Funds Transfer**

- I am currently signed up for electronic funds transfer and wish to continue using this option for 2024 with no change to my bank account information on file.
- I am currently signed up for electronic funds transfer and wish to continue using this option for 2024 BUT I do have a change to my bank account information on file and would like to be contacted to update this information.
- I am NOT currently signed up for electronic funds transfer but am interested in this option for 2024 and would like to be contacted.

**Pledge Envelopes**

- Please provide monthly pledge envelopes that can be mailed or dropped in the offering plate.
- Please provide weekly pledge envelopes that can be mailed or dropped in the offering plate.

**Other Giving**

- Please contact me about giving through a transfer of stock or other assets.
- Please provide information about remembering St. Paul's in my will.

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*Please email your completed pledge form to [financial@stpaulscary.org](mailto:financial@stpaulscary.org)  
Or Mail to St. Paul's Episcopal Church, 221 Union Street, Cary, NC 27511*

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*Questions? Email [financial@stpaulscary.org](mailto:financial@stpaulscary.org) or call 919-467-1477 ext. 36*

**THANK YOU!**

St. Paul's Episcopal Church  
Automatic Contribution Draft  
Authorization Form

I (we) hereby authorize St. Paul's Episcopal Church herein after called St. Paul's, to initiate debit entries to my (our) checking account at the financial institution named below according to my pledge in equal installments:

Please check one:

\_\_\_ Monthly: on or about the 15<sup>th</sup> of every month of 2024

\$ \_\_\_\_\_ Per Month, Totaling \$ \_\_\_\_\_ for 2024

**Please attach a voided check associated with the financial institution listed below:**

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Financial Institution

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City

State

Zip

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Routing number

Account Number

This authority is to remain in full force and effect until St. Paul's has received written notification from me of it's termination in such time and in such manner as to afford St. Paul's reasonable opportunity to act on it.

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Parishioner Name(s)-Please print clearly

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Parishioner Email address (used only if we need to contact you with questions)

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Parishioner Phone Number (used only if we need to contact you with questions)

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

Send mail completed form to: St. Paul's Episcopal Church  
Attn: Brandy Satterfield  
221 Union St  
Cary NC 27511