



St. Mark's Annual Stewardship Appeal 2024

Please indicate how you intend to financially support the church: **Amount of your Pledge** \$ _____

_____ ANNUAL PLEDGE. I/We pledge to contribute to support the work of the church during the year 2024.

_____ NEWCOMER PLEDGE. I am/We are new this year. I/We pledge to contribute something to support the church during the year 2024.

_____ LEGACY POSSIBILITY. Please send information about how to include St. Mark's in my/our will or estate plan.

_____ LEGACY. I/We have already included St. Mark's in my/our estate plan.

This is a pledge made by

_____ Me, as an individual

_____ Our household

Name #1 _____ **Name #2** _____

Address _____ **APT** _____

City _____ **State** _____ **Zip** _____

#1 Email _____ **#2 Email** _____

#1 Phone _____ **Mobile /Work/Home** **#2 Phone** _____ **Mobile /Work/Home**

Birthdates are optional but useful for church planning purposes

#1 Birthday _____ **#2 Birthday** _____

mm/dd/yyyy

mm/dd/yyyy

By your pledge, we understand that you want to be a member of St. Mark's.

☐ If you do NOT want to be considered a member, check this box.