Episcopal Church of the
EPIPHANY

# 2024 Stewardship Pledge

## Offering

**Name(s):** _____

**Address:** _____

_____

**City, Zip:** _____

**Phone:** _____

**Email:** _____

**$ _____ Weekly for 52 Weeks**

**$ _____ Monthly for 12 Months**

**$ _____ Quarterly for 4 Quarters**

**$ _____ Annually in the month of _____**

**Payment method:**

**_____Check**

**_____E-gift using Tithely ( go to *Tithe.ly*)**

**_____Automatic bank debit using ACH - use form currently on file**

**_____Automatic bank debit using ACH – please contact me**

**I would like information about including Epiphany in my will/estate plans. ____Yes ____ No**

**I am/We are unable to make an offering at this time, however I am/we are able to:**

_____

_____

_____

_____