



ENVELOPE NUMBER

COMMITMENT EFFECTIVE DATE

NAME (please print)

ADDRESS (INCLUDE APT #)

CITY, STATE, ZIP CODE (H) (C) TELEPHONE NUMBER

BIRTHDAY (MONTH AND DAY)

E MAIL

I/We pledge to St. Philip's Episcopal/Anglican Church:

\$_____ Operating: Weekly Monthly Yearly

\$_____ Mission: Weekly Monthly Yearly

\$_____ Capital: Weekly Monthly Yearly

Time, Talent (Passion)

- | | | |
|-------------------------|----------------------------------|----------------------------------|
| () Altar Guild | () Hospitality | () Sunday School |
| () Book Club | () Lay Eucharistic Ministry | () Ushering/Welcome |
| () Boy Scouts | () Lay Reader | () Worship Committee |
| () Christian Education | () Legal Services | () Youth & Young Adult Ministry |
| () Community Outreach | () Marketing and Communications | () Gospel Choir |
| () Computer Lab | () Pantry | () Hand Bell Choir |
| () Finances | () Prison Ministry | () Pastoral Care Ministry |
| () Girl Scouts | () Senior Choir | |
| () Harvest Committee | () Stitch in Time | |
| () Health and Wellness | | |