



The Episcopal Church of Port Clinton
Pledge Form

Member:

Pledge or gift information:

I/We will make *52 weekly*
 12 monthly
 4 quarterly
 2 semi-annual
 other _____

gifts of \$_____ for a total of \$_____ in year 20__

I/We will make *a single annual gift of \$_____ during the*
month of _____.

Method of Payment:

- Check - Please make payable to St. Thomas Episcopal Church*
- Stock Transfer – Please contact the church office at 419 734-3404.*

Signature

Please return this form to St. Thomas Episcopal Church, 214 E. Second St. Port Clinton, OH 43452 or place in the collection plate during any St. Thomas worship service.