



SAINT GREGORY OF NYSSA EPISCOPAL CHURCH

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Pledge Sheet: Please fill out and return to the office.

All Fields are Required

Date _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

IN GRATITUDE FOR GOD'S GIFTS TO ME, I PLEDGE \$ _____ MONTHLY TO SUPPORT ALL THE WORK OF ST. GREGORY'S.

I will pay by check monthly. Enclosed is my first check.

I will pay by credit card monthly. My card is Visa Mastercard

Credit card number _____
Expires _____ Signature _____
(signature must be same as name on card)

Additional gifts can be made at any time to St. Gregory's, and may offer tax benefits..

- I would like to make an extra gift of _____ .
- I would like to make a gift of appreciated stock; please call me to discuss.
- I have remembered St. Gregory's in a will or estate plan; please call me to discuss.
- I'd like information about the best way to remember St. Gregory's in a will or estate plan; please call me to discuss.

IN GRATITUDE FOR GOD'S GIFTS TO ME AND THIS COMMUNITY, I PLEDGE _____ HOURS MONTHLY TO THE CHURCH.

I would like to work with (name of ministries or groups)

I'd like to talk with someone from the church about volunteer opportunities.