



SAINT MATTHEW'S EPISCOPAL CHURCH

GROWING AS GOD'S FAMILY

A TIME TO TRUST -- GIVING 2010

① Contact Information *(Please print or type)*

Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Office Phone _____ Other Phone _____

Primary Email _____ Other Email _____

② Offering Information. Thank you for your gift! *(Note: Your offering will be applied to support general parish operations.)*

I (we) offer an annual total of \$ _____ for God's work at Saint Matthew's to be given as follows:

Prepaid now, and the annual total gift amount is enclosed with this form

52 weekly gifts, 12 monthly gifts, 4 quarterly gifts, 1 annual gift

Other (describe) _____

(Note: You may change or cancel your giving plan at any time by contacting the Parish Office in writing.)

③ I (we) will make my (our) gift in the following form:

Automatic withdrawal from my checking account. I have included a voided, blank check with this form.

I authorize Saint Matthew's to withdraw \$ _____ from my checking account on the
 5th of each month, 20th of each month

Credit Card *(Saint Matthew's is charged up to a 3% handling fee. Please consider this when making your plan for giving. Thank you.)*

I authorize Saint Matthew's to charge \$ _____ to my credit card account on the
 5th of each month, 20th of each month

Credit card type American Express, Discover, Mastercard, Visa

Credit card number _____ Expires ____/____

Cash or Check

My gift will be matched by _____ (company/family/foundation)

Authorization form enclosed, Authorization form will be forwarded later

Additional Opportunities For Giving. Thank you for your generous support!

Some needs at Saint Matthew's are not fully funded in 2010. You can make a gift to help these special areas. Simply indicate the program(s) you wish to support and the additional gift amount(s).

Seminarian Support, Lauren Lenoski \$ _____ (\$6,000 is needed to fully fund this project)

Vacation Bible School \$ _____ (\$3,000 is needed to fully fund this project)

Youth Mission Trip \$ _____ (\$7,500 is needed to fully fund this project)

(Note: Gifts received in excess of the amount required to fund these special areas will be applied to support general parish operations.)

④ Thank you for your generosity!

Saint Matthew's will thank you by listing only your name(s) in a special Sunday bulletin insert of 2010 supporters. If you **do not** want your name listed, please check this box . Thank you.

Signature(s) _____

Date _____

(Note: Please sign and return the white copy to Saint Matthew's in the enclosed, stamped envelope. Please retain the yellow copy for your records. Thank you!)

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