

ST ALPHONSA SYRO MALABAR CATHOLOIC CHURCH MINNESOTA

PLEDGE FORM

Full Name _____

Address _____

Email _____

Phone _____

I hereby pledge the sum of \$_____, (Words:
_____) annually as a freewill
donation to ST ALPHONSA SYROMALABAR CATHOLIC CHURCH.

I intend to pay my pledge (please check one):

Weekly

Monthly

Quarterly

Annually

Signed _____

Date _____

This Pledge Form is not a legal agreement, but is your commitment to the work of the Church.

Thank you for your generosity.