

Name _____
Address _____
Home phone _____
Cell phone _____
Email _____

After prayerful consideration,

I/we would like to pledge \$ _____ for 2024.

or

I/we do not wish to pledge, but I/we would like to be on the mailing list.

or

I/we do not wish to pledge; please remove me/us from the mailing list.

Signature _____ Date _____

Method of Pledge Payment

Cash or Check

I/we would like weekly envelopes.

Automatic Bank Draft (please fill out form on back)

Recurring Credit Card Payment

I understand that Good Shepherd will charge my credit card on a monthly basis.

Name on Card _____

Credit Card Number _____

Expiration Date ____ / ____

Signature _____

Please put this form in the offering plate or mail it to
Church of the Good Shepherd
Attn : Ernest Jones
231 N Church St.
Rocky Mount, NC 27804