



Ս. Սարգիս Նայց. Եկեղեցի

Fr. Gevond Ajamian, Pastor

1805 Random Road
Carrollton, Texas 75006

St. Sarkis Armenian Church

www.stsarkis.org

Phone: (972) 245-6995

Fax: (972) 245-5228

Stewardship Pledge Program

Check or Cash Payment Plan

I pledge to support the St. Sarkis Stewardship program with my contributions as outlined below.

Pledge: (Complete only one)

_____ Annual one-time donation only, in the amount of \$ _____

Initials

_____ Monthly recurring donations of \$ _____ until date ____ / ____ / _____

Initials

_____ Quarterly recurring donations of \$ _____ until date ____ / ____ / _____

Initials

Name: _____
Last First Middle

Address: _____
Street

City State Zip

Email: _____ Tel: (_____) _____

Signature

Date

- By signing this form you pledge your contribution to St. Sarkis Armenian Church Stewardship program for the duration indicated.
- If you do banking online, you may choose to set up automatic recurring payments through Bill-Pay. Simply enter the church's name, address and phone.
- If you have chosen to authorize the church to make recurring charges to your credit card, please use the Credit Card Authorization form instead.
- If you decide to change your pledge, please contact St. Sarkis Armenian Church.

Check this box if you do not want your name displayed in Pledge reports.



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Stewardship Pledge Program

Credit Card Authorization Form

I authorize St. Sarkis Armenian Church of Dallas Ft. Worth, to charge my credit card for my donation(s) as follows:

Pledge: (Complete only one)

_____ This one-time donation only, in the amount of \$ _____
Initials

_____ Monthly recurring donations of \$ _____ until date ____ / ____ / ____
Initials

_____ Quarterly recurring donations of \$ _____ until date ____ / ____ / ____
Initials

Name on Card: _____
Last First Middle

Credit Card Number: _____ - _____ - _____

Expiration Date: (mm/yyyy) _____ **V-Code:** _____

Type of Card: VISA MasterCard Discover Amex

Card Holder's Billing Address for monthly Card Statements:

Street

City State Zip

Email: _____ Tel: (_____) _____

Signature **Date**

- By signing this form you give us permission to debit your credit card account for the amount indicated on or after the indicated date.
 - If you have chosen to authorize the church to make recurring charges to your credit card, we will only do so within the time frame and the amounts that you have authorized. You may change or stop at any time; simply contact the church.
 - Charges will appear on your monthly Card Statement as St. Sarkis Armenian Church.
- Check this box if you do not want your name displayed in Pledge reports.