

# 2019 Annual Stewardship Pledge Card

Name: \_\_\_\_\_

I/We pledge the following annual amount to support The Church of the Ascension's mission and ministry:

\$ \_\_\_\_\_

Please indicate payments will be:

Weekly    Monthly    Quarterly

Please provide weekly envelopes

Please provide planned giving information

Ascension is already in my estate plans

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (h): \_\_\_\_\_

(w) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To pay by credit card, please provide:

Name as it appears on card:

\_\_\_\_\_

Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

**Bring your completed pledge card to church  
for Blessing of Pledges on November 18<sup>th</sup>,  
or mail to:**

**THE CHURCH OF THE ASCENSION  
12 West 11<sup>th</sup> Street, New York, NY 10011**