



Grace Episcopal Church 2010 PLEDGE Credit Card Authorization

130 First Avenue,
Nyack, NY 10960
(845)358-1297

Please charge my pledge payment of : \$ _____ One Time Monthly Quarterly Annually

MasterCard Card Number _____

Visa Exp. Date _____ 3 or 4 Digit Code _____

Discover Name on Card _____

Amex Billing Address _____

City _____ State _____ Zip _____

Signature _____ Phone _____

Please help us save money by sending you email instead of mail.

Email Address _____



OR



THE EPISCOPAL
DIOCESE OF
NEW YORK

E-Pledging Individual Authorization Agreement

1047 Amsterdam Avenue
New York, NY 10025

P: 212.316.7457
F: 212.932.7372
www.diocesenyny.org

I authorize the Episcopal Diocese of New York to debit my checking account as indicated below as a donation the following congregation in the Diocese: **GRACE EPISCOPAL CHURCH, NYACK, NY**

I authorize my donation to be made on the following days of the month beginning on: _____

on the 5th: \$ _____ on the 20th: \$ _____

Your donation can be made once or twice a month. If twice, the amount does not have to be the same for each date.

I understand that my account will be debited from the effective date above until I instruct the diocesan office in writing (by mail, fax or e-mail) and receive a written confirmation of my instructions to increase, decrease, change or discontinue the electronic debit.

I understand that I must give the diocesan office at least fifteen (15) days' notice of any change.

Please attach a voided check with preprinted name and address

Print Name _____ Day Ph # _____

Fax # _____ Email Address: _____

Signature _____



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