

**“Remembering Our Roots, Restoring Our Heart”
St. Michael the Archangel Church**

Pledge Form

In gratitude for God’s blessings, I/We offer the following financial commitment.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I / We are pleased to provide a pledge/gift as follows:

TOTAL Amount of Pledge/Gift	\$	_____
Initial Payment	\$	_____
Balance	\$	_____

I / We intend to pay the balance as follows:

- 5 Annual Payments \$ _____
- 10 Semi-Annual Payments \$ _____
- 20 Quarterly Payments \$ _____
- 60 Monthly Payments \$ _____

or

I / We prefer to fulfill our pledge as follows:

Signature: _____ Payment Start Date: _____

Please make checks payable to: St. Michael’s Parish Capital Campaign

Check this box if you wish to use a debit or credit card. Please make your debit or credit card payment(s) at <https://e-giving.org/stmichaeltthearchangelportland>.

Please print Memorial Designation:

*This form is a pledge. It is not a binding legal obligation.
This pledge and any subsequent payments may be amended.
Donations are tax-deductible as provided by law.*