



## 2022 Monthly Pledge for St Raphael Orthodox Church Members

***Please return this form by October 17 to aid in budget planning to:***

CONFIDENTIAL – TREASURER

St Raphael Orthodox Church, 722 E College St, Iowa City IA 52240

Rebecca Morey – [treasurerraphael@gmail.com](mailto:treasurerraphael@gmail.com)

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Thank you for considering a financial pledge to St Raphael Church!** Your pledge is a voluntary statement of financial commitment, upon which our church makes its plans and carries forward its financial responsibilities. St Raphael does not set a minimum or suggested pledge level. You may change your giving to reflect your circumstances at any time during the coming year.

### **Part 1. Operating Expenses**

**St. Raphael Orthodox Church's 2021 operating budget needs (excluding mortgage) are estimated around \$11,000 per month. This includes a tithe to the archdiocese, building insurance and utilities, and priest salary and benefits.**

This is my monthly pledge for operating expenses:                   \$ \_\_\_\_\_

### **Part 2. Monthly Mortgage Payments**

**Our loan balance is \$181,021 and we pay 4.0% interest. Our loan maturity date is 4/10/2034. Our monthly mortgage obligation is \$1621.77.**

This is my monthly pledge for mortgage payments:                   \$ \_\_\_\_\_

I will fulfill my pledge through electronic payments. *(Please fill out the Authorization for Direct Debit on the back.)*

# St Raphael of Brooklyn Antiochian Orthodox Christian Church

## Authorization for Direct Debit

I (We) hereby authorize **St Raphael of Brooklyn Antiochian Orthodox Christian Church** (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below once per month on the date indicated below, and the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

**Depository Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Checking Account       Savings Account



This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

**Name(s):** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Pledge:** \_\_\_\_\_ annually \_\_\_\_\_ monthly

**Direct Debit:** twelve equal monthly payments on the 12<sup>th</sup> of each month

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

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

If this is your first time to authorize direct debits from St Raphael, please attach a **Voided Check or Deposit Slip** here.