



2023 Monthly Pledge for St Raphael Orthodox Church Members

Please return this form by November 27 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

Name (please print) _____

Address _____

City, State, ZIP _____

Email _____ Phone _____

Thank you for making a financial commitment to the ministries and outreach of St Raphael Church! St. Raphael Church would not exist without you – it is through your faithful giving of your time, talent, and treasures that we are able to serve our neighbors and join together as a family to share the light of Christ in Iowa City and surrounding communities. Your gifts make it possible for us to employ a full-time priest, maintain our beautiful historic building, and minister to our community through our food pantry, outreach events, and more.

Your pledge is a voluntary statement of financial commitment, upon which our church makes its plans and carries forward its financial responsibilities. You may change your giving to reflect your circumstances at any time during the coming year.

Our anticipated expenses for 2023 total \$162,000, or \$13,500 per month.

My/Our Pledge for 2023: _____ per month for the year

Please check all that apply:

- By God’s grace, I am/we are rounding up our pledge to the nearest percent.
Optional: My round-up percentage for 2023 is _____%
- My/our pledge is a tithe or greater
- I am/we are a first-time pledger
- Make this a sustaining pledge: I/we understand this pledge will continue from year to year and that I/we can increase or decrease the pledge as needed by contacting our treasurer.
- I/we will fulfill this 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:** _____ **Account**

Routing Number: _____ **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 12th 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.