

Monthly Pledge to St. Raphael Orthodox Church

Please return this form to

Confidential —Treasurer
St Raphael Orthodox Church
722 E College St., Iowa City IA 52240

Contact Rebecca Morey with questions: treasurer@straphaelorthodoxchurch.org

Name (please print) _____

Address _____

City, State, ZIP _____

Email _____ Phone _____

Thank you! Your pledge is a voluntary statement of financial commitment on 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.

Operating Expenses

St. Raphael Orthodox Church's 2018 operating budget needs (excluding mortgage) are estimated around \$8,500 per month. This includes a partial tithe to the archdiocese, building insurance and utilities, and priest salary and benefits.

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

Building Fund

In 2017, 82% of our \$1,851 monthly mortgage payment was paid by monthly pledges; the rest came from our building fund reserves. s

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

Food Pantry/Benevolence

Our charitable outreach includes a food pantry and small cash gifts to those with emergency needs.

This is my monthly pledge for food pantry/benevolence payments: \$ _____

Sunday School

Currently not a part of our operating expenses, Sunday school supplies are essential for learning.

This is my monthly pledge for Sunday school payments: \$ _____

I will fulfill my pledge via electronic payments. (Please fill out the "Authorization for Direct Debit" form and send with this form.)

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 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.