



**As part of my/our commitment to St. Francis Episcopal Church for 2025, I/we pledge:**



**St. Francis**  
EPISCOPAL CHURCH

\$ \_\_\_\_\_ to be paid per \_\_\_\_ week \_\_\_\_ month \_\_\_\_ quarter \_\_\_\_ year

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Name \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

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Phone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your Pledge! Please check below if you would like to be recognized:**

- I/We would like my/our name(s) to be included on the PUBLIC Pledge Thank You List.**
- I/We prefer to be anonymous.**

**Please put this form in an envelope marked “2025 Pledge” and put it in the Collection Plate or mail it to: Treasurer, St. Francis Episcopal Church, 9220 Georgetown Pike, Great Falls, Virginia 22066.**