



“Offer Right Sacrifices, and put your trust in the Lord” Psalm 4:5

In thanksgiving for all what God has given us and to support our Parish.

PLEDGE CARD

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Please return this pledge card in the provided envelope.

St. Jude Maronite Catholic Church

1437 W. Badillo St. West Covina, CA 91790

Thank you for your generosity!

Your donations are tax deductible. Tax ID: 45-3858388

Please charge my monthly recurring pledge to my credit card:

☐

\$25

☐

\$50

☐

\$100

☐

\$200

☐

Other: _____

Credit Card No: _____

Expiration Date: _____

Name on card: _____

Security Code: _____

Billing Zip: _____

Authorized Signature: _____

Other Options:

☐

I will use Zelle: stjudemaronite1@gmail.com

☐

I will pay online through our website: www.saintjudemaronite.org

☐

I will pay by check payable to: Saint Jude Maronite Church