

St. Alban's Episcopal Church

I pledge for the 20__ calendar year:

\$_____ weekly (\$_____ monthly) (\$_____ yearly)
See below for equivalents

Signature _____ Date _____

Name _____ Telephone (____)_____

Address _____

City _____ ZIP _____

Would you like pledge envelopes? Yes No

Would you like quarterly statements? Yes No

A pledge of this amount - - - - - is --% of this annual income

Weekly	Monthly	Yearly	3%	5%
5	22	260	8,667	5,200
10	43	520	17,333	10,400
15	65	780	26,000	15,600
20	87	1,040	34,667	20,800
25	108	1,300	43,333	26,000
30	130	1,560	52,000	31,200
40	173	2,080	69,333	41,600
50	217	2,600	86,667	52,000

Please send completed form to: **St. Alban's Episcopal Church**
Attn: Stewardship
580 Hilgard Ave.
Los Angeles, CA 90024-3234