



St. Thomas Episcopal Church

2020 Capital Campaign

Intent to Participate

Donor Information (please type or print)

Date _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone home _____ cell _____

Email _____

Gift Information

In consideration of the gifts of others, I (we) hereby pledge \$ _____

My pledge will be paid as follows:

cash credit card (see below) stock other _____

Current gift enclosed: \$ _____

Gift to be paid within the next two years: \$ _____

Please send reminder notices by Email or Letter

Monthly

Quarterly

Annually with the final payment to be billed on _____

Other Sources \$ _____

Name of donor advised fund, corporate match, family foundation, or other:

I (we) would like information on including St. Thomas Episcopal Church in my (our) will/estate planning.

Listing - Donors will be recognized in campaign materials unless an anonymous gift is requested.

Please use the following names(s) in all acknowledgments _____

Signature(s) _____ Date _____

Please make checks, corporate matches, and stock transfers payable to:
St. Thomas Episcopal Church
PO Box 1070
Sun Valley ID 83353
Donations are tax-deductible to the extent allowed by the law.

Please charge my credit card (circle one) VISA / AMEX / DISC / MC

Card number _____ Exp. date _____

Authorized signature _____

Keep card on file for future payments? Yes No