

Please fill out this pledge card and bring to Grace Church or mail to
175 Mathewson Street, Providence, RI 02903.

GRACE CHURCH FINANCIAL COMMITMENT

To support the mission of Grace Church, I/we pledge

\$_____ Weekly Monthly Annually

I/We do not want envelopes

Check enclosed

Please include my/our name in the Annual Report along with others who pledge

I/We would like information on electronic funds transfer

I/We would like to discuss remembering Grace Church in our will or making a special gift

Name(s) _____

Address _____

City _____ State _____ Zip _____

Signature(s) _____

*“You will be enriched in
every way for your generosity.”*

2 Corinthians 9:11



GRACE
EPISCOPAL
CHURCH