



The Congregational Church of New Fairfield
 20 Gillotti Road
 New Fairfield, CT. 06812
 203-746-2865



Rev. Dr. Patricia A. Nicholas, Pastor

ccnf@nfcongregational.org

Stewardship Pledge

Please complete this form and bring the Pledge Card section with you for the special Stewardship service or mail to: Congregational Church of New Fairfield, Attn: Financial Secretary, 20 Gillotti Road, New Fairfield, CT 06812. Thank you.

FOR YOUR RECORDS:

With the help of God, I/We pledge \$ _____ per week / month (check one)
 for an annual total of \$ _____ in year .

I plan to make a full/partial PREPAYMENT of \$ _____ to be applied to my
 pledge. *(You can make a prepayment anytime in _____ for a _____ tax benefit. When making a
 prepayment, be sure to indicate that it is to be applied to your _____ pledge).*

- I understand that this commitment can be modified by me at any time by sending written notice to the Congregational Church of New Fairfield, Attn: Financial Secretary.
- I understand that the amount of my pledge is kept confidential.

- - ✂ - - - ✂ - - - Please cut here and return below card to the church - - - ✂ - - - ✂ - - -

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PLEDGE CARD

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

With the help of God, I/We pledge \$ _____ per week / month
 for an annual total of \$ _____ in year .

Please check any item that apply:

- I would like to pledge electronically (if new/change, please enclose electronic giving form).
- Enclosed is a prepayment towards my _____ pledge (tax deductible in current year).
- I am interested in learning more about including the Church in my/our will.
- I am not making a pledge at this time.

Signed: _____

Date: _____