



# Church of St. Albert

The Catholic Church in the Heart of Albertville

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## Electronic Pledge Commitment Form

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I/We will financially support the ministries and services of the Church of St. Albert.

I/We will give: \$ \_\_\_\_\_.

Weekly    Monthly    Quarterly    Annually for a total of \$ \_\_\_\_\_.

I/We will financially support the Abiding Love Campaign to maintain our facilities.

Weekly    Monthly    Quarterly    Annually for a total of \$ \_\_\_\_\_.

**I would like to pledge electronically. (Please check the authorization box below).**

Please attached a voided check.

I authorize the Church of St. Albert to automatically withdraw my pledge amount. I included a voided check to provide necessary routing information. This authority remains in effect until I notify the Church of St. Albert in writing to cancel, at least one week prior to the next withdrawal date, or by notifying my financial institution three days before my account is charged.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the parish office either by mail, e-mail, place it in the regular collection basket, or stop by the parish office during business hours (Mon-Fri 8:30 am to 4:00 pm). Thank you.

*“How can I replay the Lord for all the good done for me?”* Psalm 116:12