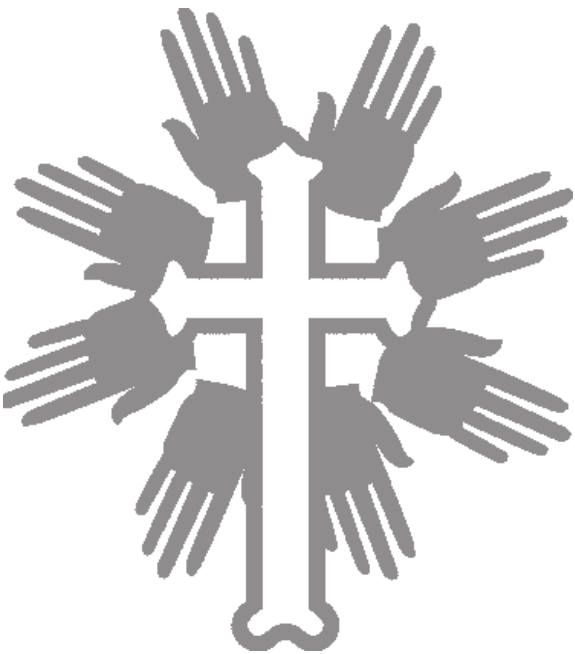


Is anything too wonderful for the Lord?



St. Andrew's Episcopal Church
 New Providence, New Jersey
 Stewardship Campaign
 ~2009~

Proportional Giving Worksheet - For use in making a thoughtful decision to give proportionately

Annual Income	2%	3%	5%	10%
\$ 25,000	\$ 500	\$ 750	\$1,250	\$2,500
\$ 50,000	\$1,000	\$1,500	\$2,500	\$5,000
\$ 75,000	\$1,500	\$2,250	\$3,750	\$7,500
\$100,000	\$2,000	\$3,000	\$5,000	\$10,000

My/our annual income _____ X _____ % = _____ my/our pledge

Almighty God, whose loving hand has given us all that we possess: Grant us grace that we may honor you with our substance, and, remembering the account which we must one day give, may be faithful stewards of your bounty, through Jesus Christ, our Lord. Amen.

Time ~ Talent

~ Treasure ~

St. Andrew's Church not only has need of your financial offering, but also your gifts of time and talents. We have many wonderful ministries that need your participation – whatever you can give. Please consider signing up to help in the committees below or provide a recommendation of other ministries you would like the church to consider.

- Vestry
- Altar Guild
- Flower Guild
- Acolytes
- Pastoral Care
- Newcomers & Greeters
- Brotherhood of St. Andrew
- Outreach
- Parish Life
- Sunday Hospitality
- Music
- Ushers
- Christian Education
- Youth Group
- Adult Scripture Study Group
- Stewardship
- Fundraising
- Endowment/Planned Giving
- Tech Committee
- Website
- Building & Grounds
- Gardners of St. Andrew's
- Newsletter
- Safety & Security
- Office Volunteers
- Other _____

Name: _____

Phone #: _____

A representative from the committee will contact you.

In gratitude to God and as a faithful steward of God's bounty, I/we will give a portion of my/our income to God through St. Andrew's Church and School for the year 2009.

I/we pledge to do this by giving a total of \$ _____ for the year 2009

Name _____ Address* _____

* If you wish to pay by credit card, please provide the billing address for your card if it is different from your home address.

We prefer to pay in the following manner:

- | | | |
|-------------------|--|--|
| Check | <input type="checkbox"/> I/We need envelopes | <input type="checkbox"/> No envelopes, please |
| Credit Card | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard |
| Payment Frequency | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____