



Church of St. Albert

11400 57th St NE, P.O. Box 127, Albertville, MN 55301

763-497-2474 | stalbertmn@gmail.com

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 parish.

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.

I/We will give: \$ _____.

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

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

Please attach a voided check.

I authorize St. Albert Parish to automatically withdraw my pledge amount. I included a voided check to provide necessary routing information. This authority remains in effect until I notify St. Albert Parish 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 repay the Lord for all the good done for me?” Psalm 116:12