



# TRANSFIGURATION

## 2023 Financial Stewardship Pledge

### Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please contact me, I have questions on my pledge.

6133 15th Street North, Oakdale, MN 55128 | 651-738-2646 | [www.transfigurationmn.org](http://www.transfigurationmn.org)

**Annual Financial Pledge for  
General Operations**

Pledge/Gift Amount \$ \_\_\_\_\_

I/We wish to pay:	I/We wish to give:
<input type="checkbox"/> Weekly	<input type="checkbox"/> Cash/Check
<input type="checkbox"/> Monthly	<input type="checkbox"/> Credit/Debit*
<input type="checkbox"/> Annually	<input type="checkbox"/> Auto Withdrawal (ACH)*
	<input type="checkbox"/> Stock/IRA
	<input type="checkbox"/> Other

*\*For your security, all credit, debit and ACH Transactions must be set up through the parish office or online at [www.transfigurationmn.org](http://www.transfigurationmn.org). Please do not include account information on this card.*



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