YES!

I WANT TO BE A PART OF



I/We step forward in faith and ple	edge a total of \$ _	
I/We will begin giving our gift on \$ Weekly \$ \$ Quarterly \$	(Enter date here) Monthly	Alternatively, you can complete this form online via the QR code or visit directly at www.trinityupperville.org/renewandrestore
Name(s):		
Phone:		Date:
Signature(s):		

Gift in memory of:	Tribute Gi	Tribute Gift in honor of:		
Please send acknowledgm	ent of my gift to:			
Name:				
Address:				
City:	State:	Zip:		
PLANNED GIVING	- THE MEADE S	OCIETY		
I WOULD LIKE TRINITY EPISC	OPAL CHURCH TO CONTACT	ME REGARDING A PLANNED GIFT.		
Phone:	Email:			