

Credit Card Authorization Form

- Visa
 MasterCard

Card Number _____

Expiration Date _____

Security Code _____

The 3 digit number found on the back of your card

Name _____

As it appears on your card

Please charge my card:

- Monthly
 Quarterly
 Yearly

Signature: _____

Confidential credit card information is not retained from year to year.

Questions?

Contact one of the individuals listed below for more information about stewardship:

Dean Bill Lupfer

503.478.1204, billl@trinity-episcopal.org

Sr. Warden Clif Droke

503.299.4420, clifforddroke@gmail.com

Jr. Warden Scott Cress

503.297.3860, scottc@whcress.com

Treasurer Lisa Freedman

503.296.7921, lisanjimf@comcast.net

Annual Giving Campaign Co-Chairs:

Rich Bracken

503.620.1567, richbrac@comcast.net

Deb Federici

503.282.7875, debfederici@comcast.net

Member Services:

Shannon Tilton

503.478.1223, shannont@trinity-episcopal.org

If you have a pastoral concern, please call

Canon Pastor Catherine Nichols

503.478.1208, catherinen@trinity-episcopal.org



TRINITY EPISCOPAL CATHEDRAL
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Portland, Oregon 97209-1901
503-222-9811
www.trinity-episcopal.org

† COUNTING

† OUR

† BLESSINGS

WE ARE AT OUR GREATEST

when we

INSPIRE, ENCOURAGE, *and* CONNECT

with another human being.

—Maya Angelou

Trinity Episcopal
Cathedral

COUNTING OUR BLESSINGS

*A child's unconditional love
and
those tender moments*

*Giving thanks for the abundance
and
plenty in our lives*

*the grain and grapes which
remind us of
the sustaining nature of life*

*The Sacrament of Communion
as we
are received in God's heart*

THROUGH STEWARDSHIP WE ACKNOWLEDGE THAT
THE MANY GIFTS WE HAVE BEEN GIVEN ARE FROM GOD.
STEWARDSHIP CALLS US TO GIVE BACK TO GOD BY
OFFERING OUR TIME AND TALENT, AND BY MAKING
A FINANCIAL COMMITMENT TO OUR CHURCH.

Graphics by Barbara Darling Bracken

Pledge Card

As stewards of God's gifts, our/my commitment to
fund the ministry and programs of Trinity Episcopal
Cathedral for 2010 is \$ _____
Annual Total

This pledge will be paid as follows:

- One-time gift
- Monthly
- Quarterly
- Yearly
- Other _____
please define

Please check the following as appropriate:

- I would like to pay by credit card.
*Please fill out the the authorization on the reverse side.
Account information is not retained from year to year.*
- I/We are not members of the Cathedral but
wish to make a donation of \$ _____



How would you like your name(s) listed in the
Trinity bulletins? _____

Name(s) _____

Name(s) _____

Address _____

City _____ State ___ Zip _____

E-Mail Address _____

Home Phone _____

Work Phone* _____

Cell Phone* _____

Signature _____

Signature _____

- I/We have included Trinity in our will.

*If multiple names are on this form, indicate next
to the number whose work/cell number is listed.