



NAME(S): _____

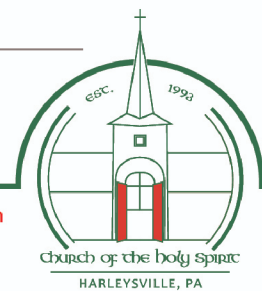
ADDRESS: _____

EMAIL: _____

PHONE: _____ DATE: _____

SIGNATURE: _____

You can also complete this form at churchoftheholyspirit.us/2024-stewardship-campaign
 Please bring your completed card on Stewardship Sunday, November 12, 2023.
 You may also mail it to COHS attn. Stewardship, P.O. Box 575, Harleysville, PA 19438.



I/WE WOULD LIKE TO OFFER MY/OUR GIFTS FOR GOD'S WORK AT CHURCH OF THE HOLY SPIRIT

WEEKLY: \$40 \$80 \$175 Other: \$ _____

or MONTHLY: \$175 \$350 \$750 Other: \$ _____

or ANNUALLY: \$2,000 \$4,000 \$9,000 Other: \$ _____

PAYMENT OPTIONS: ___ electronically through my bank ___ cash/check ___ online credit/debit

BUILDING ___ I have made a pledge/gift

EXPANSION: ___ I am interested in learning more about gifting to the building
please check

ENDOWMENT: ___ I have made a gift in my will to COHS

please check ___ I would like to discuss making a gift in my will

Church of the Holy Spirit

Stewardship 2023-2024

Come Grow With Us!

