



CHICAGO MAR THOMA CHURCH

240 Potter Road Des Plaines IL 60016

(847) 376-8745 (Church), (847) 803-4933 (Vicar), (847) 803-4933 (Fax) www.chicagomarthoma.org

Subscription Pledge Form

First Name (Head of the Family)	Middle Name	Last Name
First Name (Spouse)	Middle Name	Last Name
Address: Street	City	State, Zip
Phone Home	Cell	E-mail

I prayerfully promise to pay \$_____ per month as monthly subscription to support our Parish.

Account Number _____

- * The signed form will be in effect until revision request is made by member and approved by Vicar.
- * Member have the privilege to request change in subscription amount to Vicar if life situation changes.
- * Member also has the privilege to renew the pledge on a yearly basis.

Name _____

Signature _____

Date: _____

Office Use Only

I have verified and approved/kept pending/denied above pledge for Parish Account Number _____

Vicar _____

Trustees _____

Date: _____