

SAINT JOHN'S CHURCH OF LITTLE CANADA

380 LITTLE CANADA ROAD, SAINT PAUL, MN 55117

TEL 651.484.2708 * FAX 651.484.0657

WWW.STJOHNSOFLC.ORG



2015 PARISH STEWARDSHIP COMMITMENT

Name _____ H Tel _____ Unlisted

Address _____ new in 2014 City/St/Zip _____

Email _____ new in 2014 Cell _____ for _____

Please include all members of your family when sharing your gifts, and check the boxes below:

TIME IN PRAYER

I/We plan to attend Mass weekly and pray regularly for God's work through the Church.

TALENT

I/We plan to share my/our time and talent through the ministries chosen on the reverse side of this form.

TREASURE

I/We will financially support the ministries and services of the parish.

I/We will give a total of \$ _____ to Sunday Offerings in 2015.

Our intention is to give it Weekly Monthly Quarterly Annually

I/We will give a total of \$ _____ to the Mortgage Fund \$ in 2015.

Our intention is to give it Weekly Monthly Quarterly Annually

Please call the office if you wish to make changes to any other donations given electronically.

This financial commitment is an expression of intent only. It is not legally binding.

OPTION #1 I/We would like to pay my pledge electronically by checking the following authorization boxes:

- My bank information is the same as 2014.
- I have new bank information. (**A voided check must be attached** to provide necessary routing information).
Saint John's Church of Little Canada is authorized to withdraw my/our pledge amount beginning in January.

OPTION #2 I/We would like to pay my pledge with my credit card by checking the following authorization boxes:

- My credit card information is the same as 2014.
- I have new credit card information:
Saint John's Church of Little Canada is authorized to withdraw my/our pledge amount beginning in January.

Visa MasterCard Discover AmEx

Card Number _____ Exp. Date _____ - _____

Name as it appears on the card _____ CSV # _____

The authorization checked remains in effect until I/We notify Saint John's Church of Little Canada to cancel at least one week prior to the next withdrawal date.

Signature _____ Date _____

Please Sign and Date—Thank You!

OPTION #3 I/We would like to give using offering envelopes or another way (please indicate):

- Already give with envelopes. Do not make any changes.
- Please change us to receive weekly envelopes
- Please change us to receive monthly envelopes
- Pledge by stock donation—a staff member will call to make arrangements
- Give another way: _____

Please Turn Over for Time and Talent Opportunities

FAMILY NAME _____

PRIMARY EMAIL _____

PRIMARY PHONE _____

HOW CAN I REPAY THE LORD FOR ALL THE GOOD DONE FOR ME? Psalm 116:12

DIRECTIONS: Please list the family member's name next to the ministry for which they want to be contacted. **Descriptions of these ministry opportunities can be found at stjohnsoflc.org or in the Guide Book and Directory** which was mailed to the homes of registered parishioners in September. If you need additional forms, they are available online: www.stjohnsoflc.org
Return this sheet to the Parish Office, or drop it in the collection basket.

Faith Formation	Name	New Volunteer	Re-commit*
Adult Enrichment Group Facilitator	_____	<input type="checkbox"/>	<input type="checkbox"/>
Catechists, Aides, & Office Helpers	_____	<input type="checkbox"/>	<input type="checkbox"/>
RCIA Team	_____	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Bible School	_____	<input type="checkbox"/>	<input type="checkbox"/>
Youth Ministry	_____	<input type="checkbox"/>	<input type="checkbox"/>

Parish Groups, Activities, Committees & Outreach

Buildings and Grounds	_____	<input type="checkbox"/>	<input type="checkbox"/>
Fall/Spring Clean-Up	_____	<input type="checkbox"/>	<input type="checkbox"/>
Loaves and Fishes	_____	<input type="checkbox"/>	<input type="checkbox"/>
Meals on Wheels	_____	<input type="checkbox"/>	<input type="checkbox"/>
Men's Club	_____	<input type="checkbox"/>	<input type="checkbox"/>
New Parishioner Welcome Teams	_____	<input type="checkbox"/>	<input type="checkbox"/>
Parish Festival	_____	<input type="checkbox"/>	<input type="checkbox"/>
Parish Office Special Projects	_____	<input type="checkbox"/>	<input type="checkbox"/>
Ste. Anne's CCW	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stewardship Committee	_____	<input type="checkbox"/>	<input type="checkbox"/>

School

For Information about volunteer opportunities at the school, please visit our website at www.sjolc.org or by calling the school office at 651-484-3038.

Liturgy and Music

Name	New Volunteer	Re-commit*
Extraordinary Ministers of the Eucharist	<input type="checkbox"/>	<input type="checkbox"/>
Environment Team	<input type="checkbox"/>	<input type="checkbox"/>
Lectors	<input type="checkbox"/>	<input type="checkbox"/>
Liturgy Committee	<input type="checkbox"/>	<input type="checkbox"/>
Mass Servers	<input type="checkbox"/>	<input type="checkbox"/>
Music Ministry	<input type="checkbox"/>	<input type="checkbox"/>
Sacristan	<input type="checkbox"/>	<input type="checkbox"/>
Ushers	<input type="checkbox"/>	<input type="checkbox"/>

Pastoral Ministry

BeFriender Ministry	<input type="checkbox"/>	<input type="checkbox"/>
Christian Service/ Health Committee	<input type="checkbox"/>	<input type="checkbox"/>
Church Library	<input type="checkbox"/>	<input type="checkbox"/>
Culture of Life Committee	<input type="checkbox"/>	<input type="checkbox"/>
Family Connections	<input type="checkbox"/>	<input type="checkbox"/>
Funeral Lunch Ministry	<input type="checkbox"/>	<input type="checkbox"/>
Ministries to the Sick and Elderly	<input type="checkbox"/>	<input type="checkbox"/>
Prayer Network	<input type="checkbox"/>	<input type="checkbox"/>
Prayer Shawl Ministry	<input type="checkbox"/>	<input type="checkbox"/>

*Re-commit (for those currently involved in this ministry)