

# *My Holy Trinity Estimate of Giving for 2024*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

***In response to God's love and as a concrete expression of my/our faith and commitment to Christ and the mission and ministry of Holy Trinity Church, I/we estimate that during the year 2024 I/we will give.***

\$\_\_\_\_\_ per week **or** \$\_\_\_\_\_ per month (an annual offering of \$\_\_\_\_\_)

*(This estimate may be changed at any time upon notice to the treasurer.)*

***And to help further Holy Trinity's mission this coming year, I challenge myself to:***

\_\_\_\_\_ *To help with one additional church event or ministry this year*

\_\_\_\_\_ *To invite a friend or family member to any church event or service this year*

\_\_\_\_\_ *To be present for in-person worship when health and circumstances allow*

*Holy Trinity Episcopal Church – 839 Haddon Avenue – Collingswood, NJ 08108*