**St. Peter’s Evangelical Lutheran Church**

Estimate Giving for Calendar Year \_\_\_\_\_\_

Amount $\_\_\_\_\_\_ Select one: Weekly\_\_\_ Monthly\_\_\_ Quarterly\_\_\_ Yearly\_\_\_

|  |  |
| --- | --- |
| **Name** |  |
| **Envelope Number** |  |
| **Address** |  |
| **City State Zip** |  |
| **Phone** |  |
| **Email** |  |

***Complete all fields, save, and email form to the church office:*** churchoffice@stpetersallentown.com

*Please, keep a copy of this form for your records.*