



St. Thomas Mar Thoma Church of Chicago

710 N Main St. Lombard IL 60148 - Phone: 630-268-1441 (Parsonage)

Membership Form

1. Name _____ Date of Birth _____

2. Address _____ City _____

State _____ Zip Code _____ Email _____

Phone (Cell) _____ (Home) _____

3. Name of Spouse _____ Date of Birth _____

4. Name(s) and Date of Birth of Children

i. _____ Date of Birth _____

ii. _____ Date of Birth _____

iii. _____ Date of Birth _____

iv. _____ Date of Birth _____

v. _____ Date of Birth _____

5. Date of Marriage _____

6. Address in India _____

7. Name and Address of Mother Parish _____

8. I shall voluntarily pay \$100 \$150 \$200 monthly to support Parish activities

(Select one and fill out Pledge form below)

Date _____

Signature _____



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Pledge Form (Legally not Binding)

I (we) _____, do hereby
PLEDGE a total of \$_____ on an annual basis to St. Thomas Mar Thoma Church of
Chicago, Lombard, IL 60148 (*refer to as "Church" here after*) towards Member Subscription.

Address: _____

City: _____ State: _____ Zip: _____

Prayer Group: _____

I authorize the Church to collect my Pledge in one of the following two ways:

1. Via Equal Monthly Automatic ACH Debit (*Preferred*):

Amount: \$_____ MEMO (Eg: Subscription): _____

Bank Routing Number (ABA #): _____

Account Number: _____

Please note: Submit a VOID/Canceled check along with the completed form for records

OR

2. Via Monthly or Quarterly or Annual (*Select one*)

Check / online payment: \$_____ MEMO (Eg: Subscription): _____

This Pledge authorization is to remain in full force and effect until the Church has received written notification from me (or either of us) of any change and/or termination with reason, in such time and manner as to afford the Church and Depository a reasonable opportunity to approve and act on it.

Date _____ Signature _____