



**It is my/our intention to contribute,
the TOTAL ANNUAL AMOUNT
designated below to Holy Cross
Episcopal Church in support of its on
going mission and ministry.**

\$ _____

By:

____ Check / ____ Bank Draft/ ____ Credit Cd.

Signature

Name: _____

Address: _____

Phone: _____

**Holy Cross Episcopal Church
205 E. College St.
Simpsonville, SC 29681
864-967-7470**