



THE EPISCOPAL CHURCH OF THE HOLY SPIRIT
 36 GOULD STREET, VERONA, NJ 07044
 (973) 239-2850 www.holyspiritverona.org

RE-COMMITMENT FORM 2024

Recognizing that I (and my family) are rooted in abundance, and after prayerful consideration, **I/we joyfully make our annual pledge** to Holy Spirit Verona and the greater community as follows:

TIME & TALENT - List the person(s) within your household who is/are signing up for each ministry.

Name(s)	Ministry	Name(s)	Ministry	Name(s)	Ministry
	Altar Guild care for vestments, altar, vessels, linens		Teach Sunday School help teach from time to time during the 10 am Worship		The Martha Ministry inreach for our parishioners: cook a meal, give a ride, etc.
	Flower Guild arrange flowers for Sunday Worship		Coffee Hour provide, set up snacks, coffee before 10 am Worship; tidy up after Fellowship Hour		Outreach Team help plan, carry out service opportunities during year
	Healing Ministry lay on hands, offer healing prayer at 10 am Worship		Adult Education/SEG participate in programs offered seasonally throughout the year		Food Pantry food drives, buy inventory, serve Shoppers on 4 th Saturday, home deliveries, etc.
	Lay Reader read the lessons and prayers at Worship services		Welcome/Engagemnt strategically plan for newcomers, engaging new members and inviting others		Thrift Shop (Heavenly Finds) volunteer at our Livingston Thrift Shop on regular basis
	Usher greet newcomers and attendees; assist with service		Prayer Shawl Group prayerfully create sacred mantles to provide support and celebration		Fund Raise brainstorm and execute fund raising events during year, help with monthly BINGO events, etc.
	Worship Asst assist clergy at the altar during Eucharist		Buildings & Grounds join the team (all levels) that cares for our facilities		Vestry serve as a potential Vestry Member in future
	Music sing with the choir at our 10 am service and/or play an instrument on occasion		Worship & Program gather for quarterly meetings to plan "worship" and "program" events	<i>Share your gifts!</i>	Other are there other gifts you can share to serve God at Holy Spirit?

TREASURE - I/we make a total annual pledge of \$ _____ for 2024, to be paid,

Weekly. Monthly. One Time Payment.

As your joyful AMEN, please **sign, date and return** to the Episcopal Church of the Holy Spirit Verona on or before our **Re-Commitment Sunday** which is **November 19, 2023**.

Signature(s): _____ Date: _____

_____ Date: _____

If you are unable to join us for in-person Worship on Sunday, November 19, 2023, please **submit your forms directly to the Church Office**.

*****PLEASE TURN FORM OVER.*****



Stewardship 2024

PARISHIONER INFORMATION SHEET

PLEASE COMPLETE THIS SIDE ALSO.

The Episcopal Church is collecting data on members' **ages** and **racess**, please help us collect this data.

How many in your household?

Children (ages 0-12) _____
Youth (ages 13-17) _____
Young adults (ages 18-34) _____
Middle adults (ages 35-64) _____
Senior adults (ages 65 and older) _____

How many in your household?

American Indian/Alaska Native (non-Hispanic) _____
Asian (non-Hispanic) _____
Black or African American (non-Hispanic) _____
Hispanic or Latino(a) _____
Native Hawaiian or Pacific Islander (non-Hispanic) _____
White (non-Hispanic) _____
Multiracial _____

Family Name: _____

Street Address: _____

City, State Zip Code: _____

Home Phone: _____ **Cell Phone:** _____

Preferred Email(s)*: _____

*if you are not already receiving our weekly email, "The Happenings," would you like this email address added to our distribution list? Yes _____ No _____

Wedding Anniversary (if applicable): _____

Name, Age & Birthday of each household member:

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

*We use photos from parish events for publicity and on the church website to spread the good news of all that is happening at Holy Spirit Verona. If you are not comfortable with having photos of you and your family used for this purpose, we respect that. Please let us know (check **neither** or **one**).*

_____ *Please do not use photos of me or anyone in my family* OR

_____ *Please do not use photos of my children (authorizing photos of me)*

Signature(s): _____ **Date:** _____

_____ **Date:** _____