



120 Russell Avenue  
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 Felton, CA 95018

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March 2026

Dear Brothers and Sisters,

May the spirit of Lent find you well disposed to receive this letter.

I want to begin by acknowledging the incredible energy you are currently pouring into our ongoing fundraisers. It is truly inspiring to see such active participation and communal spirit, especially as we all navigate the various financial challenges of the present day. Your willingness to prioritize the needs of our parish alongside your own household commitments speaks volumes about your character and your devotion to our shared home.

We are deeply grateful for your annual commitment to our mission, and this year, our Annual Ministry Goal is set at **\$11,900.00**. I am making a personal appeal to each of you to maintain the momentum and help us reach this target; should we exceed it, the additional funds will serve as seed money to replace our worn carpets and vestibule tile floors, and perhaps even refresh our interior walls with a new coat of paint. I have full confidence that, with your characteristic heart and hard work, we will not only meet this goal but create a more beautiful and welcoming space for us all to gather!

Fraternally yours In Christ, Our Lord,

Rev. Roy Margallo  
 Pastor  
 St. John Church

**DONOR INFORMATION**

Last Name:		First:	Spouse:		<input type="checkbox"/> Deceased		Donor ID:	
Address:				Fund/Parish: <b>26-616</b> St. John's 2026				
City:	State:	Zip:	Phone:	Email:		@		

<b>GIFT INFORMATION</b>	<b>→ CIRCLE GIFT AMOUNT</b>	\$160	\$320	\$480	\$640	\$800	\$1,000	Other \$		
	<b>→ CIRCLE # OF PAYMENTS</b>	1	2	3	4	5	6	7	8	After April 30, payments will be prorated as necessary to meet the 12/31/26 close of the appeal.
	<b>→ PAYMENT AMOUNT INCLUDED TODAY</b>	\$								

**PAYMENT METHOD:** Return cash gifts to your parish - do not mail cash to the Diocese.

- Bill me
- Check to "Diocese of Monterey"
- Stock Gift

Stock Name:

# of Shares:

**E-PAYMENTS: CREDIT/DEBIT CARD & CHECKING ACCOUNT - SIGNATURE REQUIRED. PAYMENTS PROCESSED ON THE 16TH OF EACH MONTH**

**SIGNATURE:** \_\_\_\_\_

**NAME ON CREDIT CARD:** \_\_\_\_\_

Checking Account: Attach a voided check. Signature Required.

Credit/Debit Card: Circle

VISA

MASTERCARD

DISCOVER

AMEX

CVV/CVC

Card #

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